

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V03447** (2)

1. Corporation Name

GULF SANDS BEACH RESORT, INC.



Principal Place of Business

**1820 S HIGHLAND AVE
CLEARWATER FL 34616**

Mailing Address

**1820 S HIGHLAND AVE
CLEARWATER FL 34616**

3. Date Incorporated or Qualified
01/01/1992

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

21 **437 St. Andrews**

Suite, Apt. #, etc.

22 **Belleair FL**

23 **34616** **USA**

2a. Mailing Address

26 **437 St. Andrews**

Suite, Apt. #, etc.

27 **Belleair FL**

28 **34616** **USA**

4. FEI Number
59-3103591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PEACOCK, RAY
655 GULFVIEW BLVD.
CLEARWATER FL 34630**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if not applicable

Signature, typed or printed name of registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	WAKELY, FRANCES	437 ST ANDREWS	BELLEAIR FL	☐
PD	WAKELY, DAVID N	1820 SO HIGHLAND AVE	CLEARWATER FL	☐
SD	GOLLON, WARREN	3348 STIRLING RD	PALM HARBOR FL	☐
D	MALKE, ROBERT	316 BLUFFVIEW DR	BELLEAIR BLUFFS FL	☐
D	WHITNEY, GEORGE	796 NINA DR	TIERRA VERDE FL	☐
D	TECHTMANN, HERBERT	220 W BEREEN CT	MILWAUKEE WI	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-STATE-ZIP</td> <td>☐</td> <td>☐</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	☐	☐
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-STATE-ZIP</td> <td>☐</td> <td>☐</td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	☐	☐
4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-STATE-ZIP</td> <td>☐</td> <td>☐</td>	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	☐	☐
5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-STATE-ZIP</td> <td>☐</td> <td>☐</td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	☐	☐
6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-STATE-ZIP</td> <td>☐</td> <td>☐</td>	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)