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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746185** (8)

1. Corporation Name

GULFSIDE VILLAS, INC.

Principal Place of Business 1880 BELLEAIR ROAD STE A CLEARWATER FL 34624 US	Mailing Address P. O. BOX 8048 STE A CLEARWATER FL 34618-8048 US
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3. Date Incorporated or Qualified **03/09/1979** 3a. Date of Last Report **05/21/1996**

2. Principal Place of Business 21 1377 Curtis Dr., E.	2a. Mailing Address 26 P. O. Box 8044
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. FEI Number **59-2077233** Applied For
Not Applicable

22 City & State 23 Clearwater, FL 34624-3718	27 City & State 28 Clearwater, FL 34618-8044
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

24 Zip 34624-3718	25 Country USA	29 Zip 34618-8044	30 Country USA
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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

10. Name and Address of New Registered Agent

**THE ASSOCIATION ADVISOR INC
1880 BELLEAIR ROAD
CLEARWATER FL 34624**

81 Name Sailwinds Realty & Property Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 1377 Curtis Drive, East
83
84 City Clearwater
85 Zip Code FL 34624

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/97

12. OFFICERS AND DIRECTORS	
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	HINES, NED
STREET ADDRESS	5210 TENNIS COURT CIRCLE
CITY - ST - ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PLUMLEE, PAT
STREET ADDRESS	C/O 417 1ST STREET
CITY - ST - ZIP	INDIAN ROCKS BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	AMOROSE, RICK
STREET ADDRESS	1769 LAKEVIEW RD
CITY - ST - ZIP	CLEARWATER FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	BROWN, ED
STREET ADDRESS	13251 113TH AVENUE NORTH
CITY - ST - ZIP	LARGO FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	DIETEKER, DIANE
STREET ADDRESS	700 N GULF BLVD #8
CITY - ST - ZIP	INDIAN ROCKS BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vicki Berk
1.3 STREET ADDRESS	14626 Lori Down Drive
1.4 CITY - ST - ZIP	Seminole, FL 33776
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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

Telephone Phone 0007051

CR2E037 (9/96)