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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746185 (8)

1. Corporation Name

GULFSIDE VILLAS, INC.

Principal Place of Business

1377 CURTIS DR. E.
CLEARWATER FL
33764-3718
USA

Mailing Address

P.O. BOX 8044
CLEARWATER, FL
33758-8044
USA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 33764-3718 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 33758-8044 30

3. Date Incorporated or Qualified

03/09/1979

4. FEI Number

59-2077233

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

9. Name and Address of Current Registered Agent

SAILWINDS REALTY & PROPERTY MGMT, INC.
1377 CURTIS DR. EAST
CLEARWATER, FL 34624

10. Name and Address of New Registered Agent

81 Name
CAROL L. STANEK
82 Street Address (P.O. Box Number is Not Acceptable)
SAILWINDS PROPERTY MGMT, INC.
83 1377 CURTIS DR EAST
84 City
CLEARWATER FL 85 Zip Code
33764-3718

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 Carol L. Stanek CAROL L. STANEK

5/4/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BERK, VICKI	14626 LORI DAWN DR.	SEMINOLE FL	<input checked="" type="checkbox"/>
SD	HORNYAK, LESLIE C.	932 18TH STREET, NW	BRADENTON FL 34209	<input type="checkbox"/>
PD	AMOROSE, RICK	1769 LAKEVIEW RD.	CLEARWATER FL	<input type="checkbox"/>
VPD	COUGHLIN, THOMAS W.	1705 COTTAGE FOREST DR	BRANDON FL	<input type="checkbox"/>
TD	DIETIKER, DIANE	700 N. GULF BLVD. #8	INDIAN ROCKS BEACH, FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D					
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD					
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD					
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	DIETIKER, PATRICIA DIANE				
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	HARBARUK, NANCY	32 GROOMSPORT CRESCENT	AGINCOURT, ONT M1T2K9 CANADA		

14. I 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, with all other like empowered.

SIGNATURE Patricia D. Dietiker PATRICIA D. DIETIKER

727-536-7468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)