

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90069 008 \*\*\*\*61.25

**DOCUMENT # 746185**

1. Entity Name

**GULFSIDE VILLAS, INC.**

Principal Place of Business

Mailing Address

1377 CURTIS DR E  
 STE A  
 CLEARWATER FL 34624-3718  
 MS

PO BOX 8044  
 STE A  
 CLEARWATER FL 34618-8044  
 MS

**717143**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2077233**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAILWINDS REALTY & PROPERTY MGMT INC**  
**1583 SOUTH BEECHER ROAD B**  
**CLEARWATER FL 33764**

*First Choice Assoc. Mgmt*  
*3440 East Lake Rd*  
*Suite 106*  
*Palm Harbor, FL*  
*34685*

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HORNYAK, LESLIE C	
STREET ADDRESS	932 78TH ST NW	
CITY-ST-ZIP	BRADENTON FL 32209	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	AMOROSE, RICK	
STREET ADDRESS	1769 LAKEVIEW RD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COUGHLIN, THOMAS W	
STREET ADDRESS	1705 COTTAGE FOREST CT	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DIETIKER, PATRICIA D	
STREET ADDRESS	700 N GULF BLVD #8	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STREET, HAROLD	
STREET ADDRESS	300 NORTH STREET	
CITY-ST-ZIP	CASSELBERRY FL 32730	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *PATRICIA D. DIETIKER* **2-2-01** **(727) 596-5931**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)