

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22555

1. Entity Name

GULF BEACH PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3402 GULF DR  
HOLMES BCH FL 34217  
US

Mailing Address

602 HAMPSHIRE LN  
PALM ISLE OF ANNA MARIA INC.  
HOLMES BEACH FL 34217

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

VINTAGE, MICHAEL  
602 HAMPSHIRE LN  
PALM ISLE OF ANNA MARIA, INC.  
HOLMES BEACH FL 34217

7. Name and Address of New Registered Agent

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

TITLE D  
NAME LOHOETTER, HORST  
STREET ADDRESS IM KANTELACHES 32  
CITY-ST-ZIP HEPPENHEIM, GERMANY 64646 ☐ Delete

TITLE D  
NAME LUEBKE, RITA  
STREET ADDRESS AM ENTENPTUHL 4  
CITY-ST-ZIP 50165 KOEIN GERMANY ☐ Delete

TITLE D  
NAME MORLEY, IAN  
STREET ADDRESS 98 SPARROWHAWK WAY  
CITY-ST-ZIP HHC, GREAT BRITAIN PE29- IXY ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIC Rita Luebke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 24, 2002 8:00 am  
Secretary of State

03-24-2002 90069 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)

March 03, 2002 #49/221/5907565