

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90140 013 ****61.25

DOCUMENT # 746185

1. Entity Name

GULFIDE VILLAS, INC.



C/O FIRST CHOICE MGMT
4174 WOODLANDS PKWY

C/O FIRST CHOICE MGMT
4174 WOODLANDS PKWY

PALM HARBOR FL 34685
US

PALM HARBOR FL 34685
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2077233**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIRST CHOICE ASSOCIATION MANAGEMENT
C/O FIRST CHOICE MGMT
4174 WOODLANDS PKWY
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORNYAK, LESLIE C	
STREET ADDRESS	932 78TH ST NW	
CITY-ST-ZIP	BRADENTON FL 32209	
TITLE	PD	<input checked="" 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 33785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STREET, HAROLD	
STREET ADDRESS	300 NORTH STREET	
CITY-ST-ZIP	CASSELBERRY FL 32730	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HINES, NED	
STREET ADDRESS	700 N. GULF BLVD #4	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB LABUE	
STREET ADDRESS	700 N. GULF BLVD #1	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN TERRELL	
STREET ADDRESS	700 N GULF BLVD #3	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIZ MCKEE	
STREET ADDRESS	1706 COTTAGE FOREST COURT	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NED HINES	
STREET ADDRESS	700 N. Gulf Beach	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
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:

(Signature) DIANE Dietiker SEC.

2/28/03

CR2E037 (10/02)