	BURG, FL 33716 US			
FEI Number: 59-1971271			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
970 LAKE CARI	L BAYWAY MANAGMENT LLON DR. SUITE 102 IRG, FL 33716 US			
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flori	da.
SIGNATURE	WILLIAM NEWTON			03/16/2018
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	PRESIDENT	Title	PRESIDENT	
Name	BENNEDETTI, DIANNE	Name	NOVAK, CAMILLE	
Address	970 LAKE CARILLON DR. SUITE 102	Address	970 LAKE CARILLON DR SUITE	102
City-State-Zip:	ST PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716	
Title	VPD	Title	DIRECTOR	
Name	VAIL, KIRK	Name	ROTH, SALLY	
Address	970 LAKE CARILLON DR. SUITE 102	Address	970 LAKE CARILLON DR. SUITE 102	
City-State-Zip:	ST PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716	
Title	TREASURER, SECRETARY			
Name	RIEGEL, BOB			
Address	970 LAKE CARILLON DR. SUITE 102			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANNE BENNEDETTI	PRES	03/16/2018
	PRES	03/16/2018

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# 744857

Entity Name: GULFPORT SHORES ADULT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

970 LAKE CARILLON DR. SUITE 102 ST. PETERSBURG, FL 33716

## **Current Mailing Address:**

970 LAKE CARILLON DR. SUITE 102 S

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## N

City-State-Zip: ST. PETERSBURG FL 33716

**FILED** Mar 16, 2018 **Secretary of State** CC0012251082

Date