

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744857

**FILED**  
**Feb 05, 2014**  
**Secretary of State**  
**CC0905610093**

**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  
ST. PETERSBURG, FL 33716 US

**FEI Number:** 59-1971271

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:** BLAIR NEWTON

02/05/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BAXTER, PAULETTE  
Address 970 LAKE CARILLON DR. SUITE 102  
City-State-Zip: ST PETERSBURG FL 33716

Title D  
Name BONNEL, RICHARD  
Address 970 LAKE CARILLON DR SUITE 102  
City-State-Zip: ST. PETERSBURG FL 33716

Title VPD  
Name VAIL, KIRK  
Address 970 LAKE CARILLON DR. SUITE 102  
City-State-Zip: ST PETERSBURG FL 33716

Title PD  
Name STOTZ, DAVID  
Address 970 LAKE CARILLON DR. SUITE 102  
City-State-Zip: ST. PETERSBURG FL 33716

Title STD  
Name NOVAK, HARRY  
Address 970 LAKE CARILLON DR. SUITE 102  
City-State-Zip: ST. PETERSBURG FL 33716

*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:** DAVID STOTZ

D

02/05/2014

Electronic Signature of Signing Officer/Director Detail

Date