

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008823

**Entity Name:** GULFSIDE COTTAGES HOMEOWNER'S ASSOCIATION, INC.

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**5034956114CC**

**Current Principal Place of Business:**

10221 EMERALD COAST PKWY. W  
SUITE 5  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

10221 EMERALD COAST PKWY. W  
SUITE 5  
MIRAMAR BEACH, FL 32550 US

**FEI Number: 26-0007337**

**Certificate of Status Desired: No**

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

GELDER, JAY B  
10221 EMERALD COAST PKWY. W  
SUITE 5  
MIRAMAR BEACH, FL 32550 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           SLOSS, MICHAEL  
Address        10221 EMERALD COAST PKWY. W  
                  SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title           PRESIDENT  
Name           BREMER, SUSAN  
Address        10221 EMERALD COAST PKWY. W  
                  SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title           VP  
Name           SMITH, RUSSELL  
Address        10221 EMERALD COAST PKWY. W  
                  SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title           SECRETARY  
Name           MURRAY, SYLVIA  
Address        10221 EMERALD COAST PKWY. W  
                  SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title           TREASURER  
Name           KEITH, KAY  
Address        10221 EMERALD COAST PKWY. W  
                  SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

*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: SYLVIA MURRAY**

**SECRETARY**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date