

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

DOCUMENT# N04026

**Entity Name:** 18840 GULF BOULEVARD CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**18840 GULF BLVD,  
#5  
INDIAN SHORES, FL 33785**Current Mailing Address:**18840 GULF BLVD,  
#5  
INDIAN SHORES, FL 33785 US**FEI Number:** 59-2591956**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMPSON, IRENE  
18840 GULF BLVD,  
#5  
INDIAN SHORES, FL 33785 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 P  
Name SPIRO, FRAN  
Address 3903 VENETIAN WAY  
City-State-Zip: TAMPA FL 33634Title T  
Name THOMPSON, IRENE J  
Address 18840 GULF BLVD. #5  
City-State-Zip: INDIAN SHORES FL 33785Title DIRECTOR  
Name IRA, STEVE  
Address 18840 GULF BLVD.  
#4  
City-State-Zip: INDIAN SHORES FL 33785Title S  
Name SORRANO, PATRICK  
Address 18840 GULF BLVD, #1  
City-State-Zip: INDIAN SHORES FL 33785Title D  
Name POWERS, ANGELA  
Address 7303 BERKLEY SQ NORTH  
City-State-Zip: NEW ALBANY OH 43054Title DIRECTOR  
Name IRA, STEVE  
Address 18840 GULF BLVD.  
#4  
City-State-Zip: INDIAN SHORES FL 33785

*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:** IRENE THOMPSON**TREASURER****04/19/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date