FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

715807

(4)

GULF HARBORS CONDOMINIUM, INC.

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Principal Place of Business Mailing Address									4 1906111 100001 110001 01101 101111 HB111 1	ADI DIDIN BIDIN DEDII		il 818 01 1 88 0	
4909 MARINE PARKWAY NEW PORT RICHEY FL 34652 4909 MARINE PARKWAY NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 346													
									3. Date Incorporated or Qualified 12/31/1968	3a. Date of t 02/05	ast Rep 9/199		
Principal Place of Business				2a. Mailing Address				4. FEI Number		Apr	olied For		
21			· · · · · · · · · · · · · · · · · · ·	26					59-1613934			Applicable	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
23	City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
24	Zip	25	ountry	Zip 29		Gountry 30	f		This corporation has liability for in Florida Statutes	tangible tax unde	ers. 19	9.032,	
		 	ddress of Current	- L	gent	1001			10. Name and Address of New Re				
					-	81	Name			<u> </u>			
BECKER POLIAKOFF PA						82	Street	Address (P.O. Box Number is Not Acceptable)					
33 NORTH GARDEN AVE						0.	Saect	rica i ea.	address (i.e., box indiriber is not ziccoptable)				
	SUITE 96	0				83							
	CLEARWA	ATER FL 36415				84	City			FL 85	Zip C	ode	
11	. Pursuant to	the provisions of	Sections 617.0502 a	nd 617.1508. I	Florida Statute	s. the above-	named co	orporatio	on submits this statement for the purp		its regi	stered office	
	or registere	ed agent, or both, is	n the State of Florida obligations of, Section	. Such change	was authorize	ed by the corp	oration's	board o	of directors. I hereby accept the appoint	ntment as registr	ered ag	ent. I am	
		n, and accept the t	ibligations or, section	1617.0303, FK	onda Statutes.								
SIC	GNATURE .	Signature, typed or printed	name of registered agent air	d fite if applicable	(NO	TE: Registered Age	nt signature n	equired wh	hen reinstating)	DATE			
12	2.		OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	CTORS	IN 12	
THI	L€	P			DELETE	1.1 TITLE		T		Char	ige	Addition	
NA	ME	Brunner, El				1.2 NAME							
STR	REET ADDRESS		PARKWAY 108-M	1		1.3 \$TREE	T ADDRESS						
CIT	Y - ST - ZIP		CHEY FL 34652			1,4 CITY -	ST-ZIP						
TITI	LE	VP			DOELETE	21 TITLE		$V \cdot P$		Char	ige -	Addition	
NA				_	2.2 NAME			ROBERT W. WINTERBERGER					
STREET ADDRESS 4678 MARINE PARKWAY T1-206			235					901 ONYX LANE V5-203					
	Y-ST-ZIP		CHEY FL 34652		<u> </u>	2 4 CITY-	ST-ZIP	NEV	PORT RICHEY, F	346			
TIT	1	S		L	DELETE	3.1 TITLE			•	☐ Char	ige [Addition	
NA:	· I	LEE, CLOY B	DADIOUSV MAGA	••		3.2 NAME							
	REET ADDRESS		PARKWAY V12-1	03			f address						
	Y-ST-ZIP	D D	CHEY FL 34652		DELETE	3 4. CITY -	ST-ZIP	,				T 4 admin	
TITI		MANISCALCO	MANUEL	L	_JUELE IE	4.1 TITLE				☐ Char	ige [Addition	
NAI OT	· ·	4736 JASPER				4. 2 NAME							
	REET ADDRESS	NEW PORT R			,		T ADDRESS						
TITI	Y-ST-ZIP	T	OFICE TE		DELETE	5.1 TITLE	ST · ZIP	T		m es	200	Addition	
NAI		TADDA, HARF	v	Ľ	CALLET IL	5.1 TITLE 5.2 NAME			THUR B. COOPER	L Collai	.Ac [T VOORIDII	
	REET ADDRESS	4452 GARNET					T ADDRESS		INUK B. COOPER	ນາດາ			
		NEW PORT R									: n		
TIT	Y-ST-ZIP	D			DELETE	5.4 CITY- 6.1 TITLE	31 * ZIF	NEA	V PORT RICHEY, F	346.5 □ Char		Addition	
NAI		ROBU, DUANI	=	L		6 2 NAME					.გ∨ 4	rigonion	
	REET ADDRESS	4632 MARINE					T ADDRESS	1.	6 3 2 Marine Parkway	т#а эле			
	V CT 7ID		CHEY FL 34652			0.3 SIMEE	CC ZID	"	oaz marine rarkway	1#2-200			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 30 if changed, or on an attachment with an address.

SIGNATURE:

The AND Drugger of DIES OFFICER OF DIRECTOR DES

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