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Feb 24, 1999 8:00 am  
Secretary of State

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0071278

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 715807**

1. Corporation Name

**GULF HARBORS CONDOMINIUM, INC.**

Principal Place of Business

**4909 MARINE PARKWAY  
NEW PORT RICHEY FL 34652**

Mailing Address

**4909 MARINE PARKWAY  
NEW PORT RICHEY FL 34652**



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip Country

3. Date Incorporated or Qualified

**12/31/1968**

4. FEI Number

**59-1613934**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**WINTERBERGER, ROBERT W  
4909 MARINE PARKWAY  
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **WINTERBERGER, ROBERT W.**  
STREET ADDRESS **4901 ONYX LANE V5-203**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VPD** ☐ DELETE  
NAME **MANISCALCO, MARY**  
STREET ADDRESS **4636 JASPER DR, 108-0**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **TD** ☐ DELETE  
NAME **TADDA, HARRY**  
STREET ADDRESS **4452 GARNET DR T 6-101**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VPD** ☐ DELETE  
NAME **VELLA, ANTHONY**  
STREET ADDRESS **4660 MARINE PARKWAY, T2-102**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☒ DELETE  
NAME **BINNS, WILLIAM**  
STREET ADDRESS **4829 ONYX LANE V7-201**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ DELETE  
NAME **MURPHY, JOSEPH**  
STREET ADDRESS **5142 TOPAZ LANE, E-203**  
CITY-ST-ZIP **MEW PORT RICHEY FL 34652**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **DIRECTOR** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **DIRECTOR** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **DIRECTOR/SECRETARY** ☐ Change ☒ Addition  
5.2 NAME **HUTSON, FRANK**  
5.3 STREET ADDRESS **4832 ONYX LANE, V3C**  
5.4 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34652**

6.1 TITLE **TD** ☐ Change ☒ Addition  
6.2 NAME **KAFFKA, VALORIE**  
6.3 STREET ADDRESS **4533 MARINE PARKWAY, V12-101**  
6.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**Valorie M. Kaffka** **VALORIE M. KAFFKA** **1-15-99** **848-0198**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)