

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90134 011 \*\*\*\*61.25

DOCUMENT # 715807

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1613934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANISCALCO, MARY  
4909 MARINE PARKWAY  
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name HUTSON, F. T.

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

4909 MARINE PARKWAY  
NEW PORT RICHEY

City

FL

Zip Code

34652

8. 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

F. T. HUTSON, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-2001

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARVEY, STEVEN 4632 MARINE PKWY T#3-105 NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANISCALCO, MARY 4636 JASPER DR, 108-0 NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAFFKA, VALORIE 4533 MARINE PKWY V12-101 NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHIN, EDWARD 4854 MARINE PKWY 201-C NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUTSON, FRANK 4832 ONYX LANE, V3C NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JOSEPH 5142 TOPAZ LANE, E-203 MEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'SHEA, JOHN 4832 JASPER DR, APT. 204 NEW PORT RICHEY, FL. 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BILTGEN, E. LOUISE 4555 MARINE PARKWAY, V11-205 NEW PORT RICHEY, FL. 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAISER, William C. 4678 MARINE PARKWAY, T#1-303 NEW PORT RICHEY, FL. 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

727-848-0198

CR2E037 (10/00)