

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722619

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: FIFTY GULFSIDE CONDOMINIUM, INC.

**Current Principal Place of Business:**

50 GULF BLVD.  
INDIAN ROCKS BCH, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

50 GULF BLVD.  
INDIAN ROCKS BCH, FL 33785 US

**New Mailing Address:**

FEI Number: 59-1577833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FISCUS, RONALD A  
50 GULF BLVD  
APT # 211  
INDIAN ROCKS BEACH, FL 33785 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FISCUS, RONALD  
Address: 50 GULF BLVD UNIT 211  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: SD ( ) Delete  
Name: FLEISCHER, LOUIS  
Address: 2522 CRAVEY DR.  
City-St-Zip: ATLANTA, GA 30345

Title: T ( ) Delete  
Name: DUNN, THOMAS  
Address: 7581 CUMBERLAND RD. #3  
City-St-Zip: LARGO, FL 33777

Title: VP ( ) Delete  
Name: WELLS, GINA  
Address: 1307 ESTATEWOOD DR.  
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete  
Name: SARGENT, DALE  
Address: 3565 HARBORVIEW DRIVE  
City-St-Zip: WATERFORD, MI 48328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GINA WELLS

PRES

04/17/2008

Electronic Signature of Signing Officer or Director

Date