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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 732695 (2)
1. Corporation Name
GULFPLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
6700 GULF DRIVE
HOLMES BEACH FL 34217
% PROFESSIONAL REALTY GROUP
2614 MANATEE AVENUE WEST
BRADENTON FL 34205-4938

3. Date Incorporated or Qualified 05/07/1975
3a. Date of Last Report 05/02/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1669830	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITTAKER, JEFF
% PROFESSIONAL REALTY GROUP
2614 MANATEE AVENUE WEST
BRADENTON FL 34205

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
NAME	COX, JEFF	1.2 NAME	Roe, Bill
STREET ADDRESS	123 KENWITH	1.3 STREET ADDRESS	19820 Lakeview Ave.
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	Deephaven, MN 55331
TITLE	MD	2.1 TITLE	D
NAME	BRACKEN, JOE	2.2 NAME	Bracken, Joe
STREET ADDRESS	6700 GULF DRIVE, SUITE A-1	2.3 STREET ADDRESS	6700 Gulf Dr. A-1
CITY-ST-ZIP	HOLMES BEACH FL 34217	2.4 CITY-ST-ZIP	Holmes Beach, FL 34217
TITLE	STD	3.1 TITLE	D
NAME	HARRIS, WAYNE	3.2 NAME	Richards, Mike
STREET ADDRESS	2804 24TH STREET, SE	3.3 STREET ADDRESS	655 Spring Valley Rd.
CITY-ST-ZIP	RUSKIN FL 33570	3.4 CITY-ST-ZIP	Ann Arbor, MI 48105
TITLE	D	4.1 TITLE	
NAME	COFFMAN, JIM	4.2 NAME	
STREET ADDRESS	155 LAKE MORTON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	COLEMAN, SUE	5.2 NAME	
STREET ADDRESS	6700 GULF DRIVE, SUITE F-22	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL 34217	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SPRENGER, JUSTINE	6.2 NAME	
STREET ADDRESS	8221 DESOTO HWY., NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)