FILE NOW: FILING FEE IS $61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 05/07/1975

4. FEI Number: 59-1669830 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	COX, JEFF		1.2 NAME	ROGER DESMARAIS	
STREET ADDRESS	123 KENWITH		1.3 STREET ADDRESS	1420 SHERBROOKE O. 10° FLOOR	
CITY-ST-ZIP	LAKELAND FL 33803		1.4 CITY-ST-ZIP	MONTREAL, QUEBEC H3G 1K9 CANADA	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BRACKEN, JOE		2.2 NAME	MIKE RICHARDS	
STREET ADDRESS	6700 GULF DRIVE, AUITE A-1		2.3 STREET ADDRESS	655 SPRINGVALLEY ROAD	
CITY-ST-ZIP	HOLMES BEACH FL		2.4 CITY-ST-ZIP	ANN ARBOR, MI 48105	
TITLE	STD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HARRIS, WAYNE		3.2 NAME	LYNNE SIMPSON	
STREET ADDRESS	2804 24TH STREET, SE		3.3 STREET ADDRESS	608 W. BRADDOCK RD.	
CITY-ST-ZIP	RUSKIN FL 33570		3.4 CITY-ST-ZIP	ALEXANDRIA, VA 22302	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROE, BILL		5.2 NAME		
STREET ADDRESS	19820 LAKEVIEW AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DEEPHAVEN MN		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
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		

CR2E037 (10/97)

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.

SIGNATURE: _____ Jeffrey G. Cox 5/18/98 941-747-3737