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03-10-1999 90179 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 732695

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/07/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1669830 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	D	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	DESMARAIS, ROGER		1.2 NAME	COX, JEFF	
STREET ADDRESS	1420 SHERBROOKE 10TH FLOOR		1.3 STREET ADDRESS	123 KENWITH	
CITY-ST-ZIP	MONTREAL QU H3G1K		1.4 CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	☐ DELETE	2.1 TITLE	ST	☐ Change ☒ Addition
NAME	RICHARDS, MIKE		2.2 NAME	MCARTHUR, DOROTHY	
STREET ADDRESS	655 SPRING VALLEY ROAD		2.3 STREET ADDRESS	8605 ANNE TUCKER LANE	
CITY-ST-ZIP	ANN ARBOR MI 48105		2.4 CITY-ST-ZIP	ALEXANDRIA, VA 22309	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SIMPSON, LYNNE		3.2 NAME	MCARTHUR; STUART	
STREET ADDRESS	608 W BRADDOCK ROAD		3.3 STREET ADDRESS	8805 ANNE TUCKER LANE	
CITY-ST-ZIP	ALEXANDRA VA 22307		3.4. CITY-ST-ZIP	ALEXANDRIA, VA 22309	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	COFFMAN, JIM		4. 2 NAME	YATROS, IRMA	
STREET ADDRESS	155 LAKE MORTON DRIVE		4.3 STREET ADDRESS	14 N. SECOND ST.	
CITY-ST-ZIP	LAKELAND FL 33801		4.4 CITY-ST-ZIP	BATESVILLE, IN 47006	
TITLE	VD	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROE, BILL		5.2 NAME	ROE, BILL	
STREET ADDRESS	19820 LAKEVIEW AVE.		5.3 STREET ADDRESS	102 79th St.	
CITY-ST-ZIP	DEEPHAVEN MN		5.4 CITY-ST-ZIP	HOLMES BEACH, FL 34217	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED 2/25/99 941-778-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)