

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732695

1. Entity Name

GULFPLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6700 GULF DRIVE  
HOLMES BEACH FL 34217

Mailing Address

% PROFESSIONAL REALTY GROUP  
2614 MANATEE AVENUE WEST  
BRADENTON FL 34205-4938

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

59-1669830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                         |                                            |
|------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>COX, JEFF<br>123 KENWITH<br>LAKELAND FL 33803                     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MCARTHUR, DOROTHY<br>8805 ANNE TUCKER LANE<br>ALEXANDRIA VA 22309 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCARTHUR, STUART<br>8805 ANNE TUCKER LANE<br>ALEXANDRIA VA 22307   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>YATROS, IRMA<br>14 N SECOND ST<br>BATESVILLE IN 47006              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ROE, BILL<br>102 79TH ST<br>HOLMES BEACH FL 34217                 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Delete            |

|                                                |                                                                                         |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ELIZABETH COLE<br>102 79TH ST<br>HOLMES BEACH, FL 34217                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MIKE RICHARDS<br>655 SPRING VALLEY RD.<br>ANN ARBOR, MI 48105                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MCARTHUR, STUART<br>8805 ANNE TUCKER LANE<br>ALEXANDRIA, VA 22307                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LYNNE SIMPSON<br>608 W. BRADDOCK RD.<br>ALEXANDRIA, VA 22302                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROGER DESMARAIS<br>1420 SHERBROOKE O. 10 FLOOR<br>MONTREAL, QUEBEC H3G 1K9, CANADA | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 REQUIRED

*Dorothy M. McArthur* 2/14/00 (703) 780-1176  
Dorothy M. McArthur Sec/Treas. Daytime Phone

FILED  
Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90022 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)