

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90057 032 ****61.25



DO NOT WRITE IN THIS SPACE

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
---	--

2. Principal Place of Business	3. Mailing Address 6700 Gulf Drive-Office
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Holmes Beach, FL.	4. FEI Number 59-1669830	Applied For Not Applicable
Zip	Country	Zip 34217	Country

6. Name and Address of Current Registered Agent

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COLE, ELIZABETH	
STREET ADDRESS	102 79TH ST	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARTHUR, DOROTHY	
STREET ADDRESS	8805 ANNE TUCKER LANE	
CITY-ST-ZIP	ALEXANDRIA VA 22309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTHUR, STUART	
STREET ADDRESS	8805 ANNE TUCKER LANE	
CITY-ST-ZIP	ALEXANDRIA VA 22307	
TITLE	D	<input type="checkbox"/> Delete
NAME	YATROS, IRMA	
STREET ADDRESS	14 N SECOND ST	
CITY-ST-ZIP	BATESVILLE IN 47006	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDS, MIKE	
STREET ADDRESS	655 SPRING VALLEY RD	
CITY-ST-ZIP	ANN ARBOR MI 48105	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTHUR, STUART	
STREET ADDRESS	8805 ANNE TUCKER LN	
CITY-ST-ZIP	ALEXANDRIA VA 22307	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Desmarais, Roger	
STREET ADDRESS	390 de Chateauquay	
CITY-ST-ZIP	Longueuil, Quebec J4H 2K9 Canada	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simpson, Lynne	
STREET ADDRESS	608 West Braddock Road	
CITY-ST-ZIP	Alexandria, VA. 22302	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Slagh, Bradley	
STREET ADDRESS	1560 Waukazoo Drive	
CITY-ST-ZIP	Holland, MI. 49424	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richards, Mike	
STREET ADDRESS	655 Spring Valley Road	
CITY-ST-ZIP	Ann Arbor, MI. 48105	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wadsworth, Susan	
STREET ADDRESS	706 South Ride	
CITY-ST-ZIP	Tallahassee, FL. 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Stuart M. Arthur 1/8/2001 (703)780-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)