

2002 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

6700 GULF DRIVE
HOLMES BEACH FL 34217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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 D ☐ Delete
NAME DESMARAI, ROGER
STREET ADDRESS 390 DE CHATEAUQUAY
CITY-ST-ZIP LONGUEUIL QUEBEC J4H 2K9 CN

TITLE PD ☐ Change ☒ Addition
NAME SUSIE WADSWORTH, SUSIE
STREET ADDRESS 624 SOUTH RIDE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ST ☐ Delete
NAME MCARTHUR, DOROTHY
STREET ADDRESS 8805 ANNE TUCKER LANE
CITY-ST-ZIP ALEXANDRIA VA 22309

TITLE D ☐ Change ☒ Addition
NAME HOLOKA, ANN
STREET ADDRESS 125 11TH STREET, S.E.
CITY-ST-ZIP WASHINGTON, D.C. 20003-3910

TITLE D ☒ Delete
NAME SLAGH, BRADLEY
STREET ADDRESS 1560 WAUKAZOO DR
CITY-ST-ZIP HOLLAND MI 49424

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME YATROS, IRMA
STREET ADDRESS 14 N SECOND ST
CITY-ST-ZIP BATESVILLE IN 47006

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RICHARDS, MIKE
STREET ADDRESS 655 SPRING VALLEY RD
CITY-ST-ZIP ANN ARBOR MI 48105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCARTHUR, STUART
STREET ADDRESS 8805 ANNE TUCKER LN
CITY-ST-ZIP ALEXANDRIA VA 22307

TITLE ☐ Change ☐ 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 McArthur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02
Date

703 780-1176
Daytime Phone #

CR2E037 (9/01)