

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740000

Entity Name: GULF BEACH OWNERS ASSOCIATION, INC.

FILED  
Mar 19, 2004  
Secretary of State

**Current Principal Place of Business:**

930 BEN FRANKLIN DRIVE  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3319  
SARASOTA, FL 34230 US

**New Mailing Address:**

FEI Number: 59-1886426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, RONELL  
500 HORNBLLOWER LANE  
LONGBOAT KEY, FL 34228 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: SALATIND, WILLIAM  
Address: 738 FOREST AVE  
City-St-Zip: LARCHMONT, NY 10538

Title: VP ( ) Delete  
Name: MOORE, GLORIA  
Address: 43 NORTH ROAD  
City-St-Zip: BEDFORD, MA 01730

Title: D ( ) Delete  
Name: GREEN, PAUL  
Address: 6924 NEW ALBANY RD E  
City-St-Zip: NEW ALBANY, OH 43054

Title: PD ( ) Delete  
Name: JONES, RONELL  
Address: 500 HORNBLLOWER LANE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD ( ) Delete  
Name: WILSON, ROBERT T  
Address: 69 SHELLRIDGE DR  
City-St-Zip: EAST AMHERST, NY 14051

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONELL JONES

PD

03/19/2004

Electronic Signature of Signing Officer or Director

Date