

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90115 048 ****61.25

DOCUMENT # 745798 1. Entity Name GULFSANDS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4200 GULF DRIVE HOLMES BEACH, FL 34217 US			Mailing Address 3801 17TH AVENUE WEST BRADENTON, FL 34205-1410 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2062044	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, JANICE A. 3801 17 AVENUE W. BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name THOMAS CONDRON Street Address (P.O. Box Number is Not Acceptable) 6400 MANATEE AVE W STE G City BRADENTON FL 34209	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Thomas E. Condron</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORRELLI, FRANK 2820 S DEWEY AVE ROCHESTER, NY 14616	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCALO, BARBARA 3517 OAK KNOLL BRIGHTON, MI 48116	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHIEVE, SUE 620 N SHORE BLVD ANDERSON, IN 460111220	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, BARBARA 804 LAKE HOLLINGSWORTH DR LAKE LAND, FL 33803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SABA, WILLIAM 2700 1ST STREET BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS CONDRON 6400 MANATEE AVE W STE G BRADENTON FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOUG EASTMAN PO Box 49647 SARASOTA FL 34230	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Thomas E. Condron</i></u> <u><i>Mgr/Agent</i></u> <u><i>4/23/08</i></u> <u><i>941 779 2223</i></u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					