FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746185** **(8)**

1. Corporation Name

GULFSIDE VILLAS, INC.

Principal Place of Business	Mailing Address
2555 NURSERY RD STE A CLEARWATER FL 34624 US	2555 NURSERY RD STE A CLEARWATER FL 34624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1979	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2077233	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1880 Belleair Road	26 P.O.Box 8048
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 Clearwater, FL	28 Clearwater, FL
24 Zip 34624 25 County Pinellas	29 Zip 34618 30 County Pinellas

9. Name and Address of Current Registered Agent

THE ASSOCIATION ADVISOR INC
2555 NURSERY RD STE A
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

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

83 1880 Belleair Road

84 City: Clearwater **FL** 85 Zip Code: 34624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature of new registered agent, if changed) (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	HINES NED	12 NAME	
STREET ADDRESS	5210 TENNIS COURT CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	TULLY, JOE	22 NAME	
STREET ADDRESS	3148 FEATHERWOOD CT	23 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	GALLAGLY, EDWARD	32 NAME	
STREET ADDRESS	3110 FAIR OAKS AVE	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	BROWN, ED	42 NAME	
STREET ADDRESS	13251 113TH AVENUE NORTH	43 STREET ADDRESS	
CITY ST ZIP	LARGO FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DIETEKER DIANE	52 NAME	
STREET ADDRESS	700 N GULF BLVD #8	53 STREET ADDRESS	
CITY ST ZIP	INDIAN ROCKS BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ned L Hines NED L HINES 4/29/95 813-621-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001B000