

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746185 (8)

1. Corporation Name

GULFSIDE VILLAS, INC.



Principal Place of Business

1880 BELLEAIR ROAD
~~575-A~~
CLEARWATER FL 34624
US

Mailing Address

P. O. BOX 8048
~~8048~~
CLEARWATER FL 34618
US

3. Date Incorporated or Qualified
03/09/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE ASSOCIATION ADVISOR INC
1880 BELLEAIR ROAD
CLEARWATER FL 34624

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE The Association Advisor, Inc.

4-30-96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~SE~~ ☐ DELETE
NAME HINES NED
STREET ADDRESS 5210 TENNIS COURT CIRCLE
CITY-ST-ZIP TAMPA FL

1.1 TITLE VP ☒ Change ☐ Addition
1.2 NAME Hines, Ned
1.3 STREET ADDRESS 5210 Tennis Ct. Cir.
1.4 CITY-ST-ZIP Tampa, FL 33617

TITLE ~~VP~~ ☒ DELETE
NAME TULLY, JOE
STREET ADDRESS ~~3148 FEATHERWOOD CT~~
CITY-ST-ZIP ~~CLEARWATER FL~~

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Plumlee, Pat
2.3 STREET ADDRESS c/o 417 - 1st Street
2.4 CITY-ST-ZIP Indian Rocks Beach, FL 34635

TITLE ~~SD~~ ☒ DELETE
NAME GALLAGHY, EDWARD
STREET ADDRESS 3110 FAIR OAKS AVE
CITY-ST-ZIP TAMPA FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Amorose, Rick
3.3 STREET ADDRESS 1769 Lakeview Rd.
3.4 CITY-ST-ZIP Clearwater, FL 34616

TITLE PD ☐ DELETE
NAME BROWN, ED
STREET ADDRESS 13251 113TH AVENUE NORTH
CITY-ST-ZIP LARGO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~B~~ ☐ DELETE
NAME DIETEKER DIANE
STREET ADDRESS 700 N GULF BLVD #8
CITY-ST-ZIP INDIAN ROCKS BEACH FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME S, T, D
5.3 STREET ADDRESS Dieteker, Diane
5.4 CITY-ST-ZIP 700 N. Gulf Blvd., #8
Indian Rocks Beach, FL 34635

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)