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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
1880 BELLEAIR ROAD STE A CLEARWATER FL 34624 US	P. O. BOX 8048 STE A CLEARWATER FL 34618-8048 US

2. Principal Place of Business	2a. Mailing Address
21 1377 Curtis Dr., E.	26 P. O. Box 8044
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Clearwater, FL 34624-3718	28 City & State: Clearwater, FL 34618-8044
24 Zip: 34624-3718 25 Country: USA	29 Zip: 34618-8044 30 Country: USA

3. Date Incorporated or Qualified: 03/09/1979
3a. Date of Last Report: 05/21/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE ASSOCIATION ADVISOR INC
1880 BELLEAIR ROAD
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: Sailwinds Realty & Property Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1377 Curtis Drive, East
83
84 City: Clearwater FL 85 Zip Code: 34624

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: Carol L Stanek 3/3/97
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	VP	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HINES, NED		1.2 NAME	Vicki Berk	
STREET ADDRESS	5210 TENNIS COURT CIRCLE		1.3 STREET ADDRESS	14626 Lori Down Drive	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Seminole, FL 33776	
TITLE	D	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	PLUMLEE, PAT		2.2 NAME		
STREET ADDRESS	C/O 417 1ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AMOROSE, RICK		3.2 NAME		
STREET ADDRESS	1769 LAKEVIEW RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, ED		4.2 NAME		
STREET ADDRESS	13251 113TH AVENUE NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DIETEKER, DIANE		5.2 NAME		
STREET ADDRESS	700 N GULF BLVD #8		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: [illegible] Pres. for Bd. of Directors 3/6/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067051