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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
1377 CURTIS DR E STE A CLEARWATER FL 34624-3718 US	PO BOX 8044 STE A CLEARWATER FL 34618-8044 US

3. Date Incorporated or Qualified: 03/09/1979

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SAILWINDS REALTY & PROPERTY MGMT INC
1377 CURTIS DR EAST
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERK, VICKI		1.2 NAME		
STREET ADDRESS	14626 LORI DOWN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	PLUMLEE, PAT		2.2 NAME	LESLIE C. HORNYAK	
STREET ADDRESS	C/O 417 1ST STREET		2.3 STREET ADDRESS	9321 78TH STREET NW	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		2.4 CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	☐ DELETE	3.1 TITLE	PRESIDENT	☒ 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	VICE PRESIDENT	☐ Change ☒ Addition
NAME	BROWN, ED		4.2 NAME	THOMAS W. COUGHLIN	
STREET ADDRESS	13251 113TH AVENUE NORTH		4.3 STREET ADDRESS	1705 COTTAGE FOREST COURT	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	BRANDON FL 33510	
TITLE	STD	☐ DELETE	5.1 TITLE	TREASURER	☒ 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 (10/97)

14. I 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: JOHN R. AMOROSE PRESIDENT 4/28/98 813/536/7468
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (OFFICER OR DIRECTOR) Date Daytime Phone #