

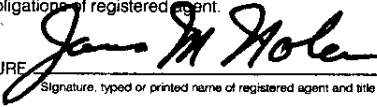
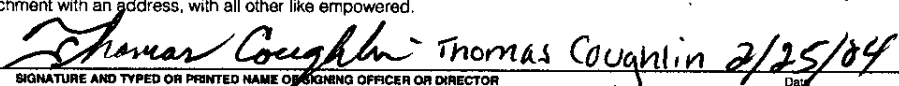


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90025 026 ****61.25

DOCUMENT # 746185 1. Entity Name GULFSIDE VILLAS, INC.					
Principal Place of Business 3440 EAST LAKE ROAD SUITE 106 PALM HARBOR, FL 34685 US				Mailing Address 3440 EAST LAKE ROAD SUITE 106 PALM HARBOR, FL 34685 US	
2. Principal Place of Business 4174 Woodlands Pkwy Suite, Apt. #, etc.		3. Mailing Address 4174 Woodlands Pkwy Suite, Apt. #, etc.			
City & State Palm Harbor, FL		City & State Palm Harbor, FL		4. FEI Number 59-2077233	
Zip 34685		Country Arnellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIRST CHOICE ASSOCIATION MANAGEMENT 3440 EAST LAKE ROAD SUITE 106 PALM HARBOR, FL 34685				7. Name and Address of New Registered Agent Name First Choice Association Management Street Address (P.O. Box Number is Not Acceptable) 4174 Woodlands Pkwy City Palm Harbor FL Zip Code 34685	
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  James M. Nolan 3/1/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 LABUE, BOB 700 N GULF BLVD #1 INDIAN ROCKS BEACH, FL 33785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P15 Coughlin, Thomas 700 N Gulf Blvd #6 Indian Rocks Beach, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERRELL, JOHN 700 GULF BLVD #3 INDIAN ROCKS BEACH, FL 33785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP15 Niedecken, Wes 700 N Gulf Blvd #19 Indian Rocks Beach, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIETIKER, PATRICIA D 700 N GULF BLVD #8 INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T10 Labue, Bob 700 N Gulf Blvd #1 Indian Rocks Beach, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEE, LIZ 1706 COTTAGE FOREST COURT BRANDON, FL 33510	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S10 Rawls, Kathy 700 N Gulf Blvd #2 Indian Rocks Beach, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINES, NED 700 N GULF BLVD INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terrell, John 700 Gulf Blvd #3 Indian Rocks Beach, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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:  Thomas Coughlin 2/25/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					