# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 11, 2003 8:00 am**
**Secretary of State**
04-11-2003 90140 013 ****61.25

DOCUMENT # 746185

1. Entity Name
GULFSIDE VILLAS, INC.

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| C/O FIRST CHOICE MGMT<br>4174 WOODLANDS PKWY<br>PALM HARBOR FL 34685<br>US | C/O FIRST CHOICE MGMT<br>4174 WOODLANDS PKWY<br>PALM HARBOR FL 34685<br>US |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2077233 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FIRST CHOICE ASSOCIATION MANAGEMENT<br>C/O FIRST CHOICE MGMT<br>4174 WOODLANDS PKWY<br>PALM HARBOR FL 34685 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | D<br>HORNYAK, LESLIE C<br>932 78TH ST NW<br>BRADENTON FL 32209 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BOB LABUE BLVD #1<br>700 N. GULF BLVD #1<br>INDIAN ROCKS BEACH FL 33785<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>COUGHLIN, THOMAS W<br>1705 COTTAGE FOREST CT<br>BRANDON FL 33510 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>JOHN TERRELL<br>700 N Gulf BLVD #3<br>INDIAN Rocks Beach FL 33781<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>DIETIKER, PATRICIA D<br>700 N GULF BLVD #8<br>INDIAN ROCKS BEACH FL 33785 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LIZ McKee<br>1706 COTTAGE FOREST Court<br>BRANDON, FL 33510<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STREET, HAROLD<br>300 NORTH STREET<br>CASSELBERRY FL 32730 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NED HINES<br>700 N. Gulf Blvd<br>INDIAN Rocks Beach FL 33781<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>HINES, NED<br>700 N. GULF BLVD #4<br>INDIAN ROCKS BEACH FL 33785 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** /SIGNATURE REQUIRED/ DIANE DIETIKER SEC. 2/28/03