

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED
AND
FILED

DOCUMENT # 750023 (4)
1. Corporation Name
GULF KEY TOWNHOUSES CONDOMINIUM, INC.

APR 11 1995
DIVISION OF STATE
CORPORATIONS, FLORIDA

Principal Place of Business Mailing Address
C/O WILLIAM D. LEIB
14620 PERDIDO KEY DR
PENSACOLA FL 32507
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1979 3a. Date of Last Report 03/29/1994
4. FEI Number 59-2159237 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
LEIB, WILLIAM D
14620 PERDIDO KEY DR
PENSACOLA 32507

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD LEIB, WILLIAM D 14125 PERDIDO KEY DR #3 PENSACOLA FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD LEIB, JAMES M SR 14620 PERDIDO KEY DR PENSACOLA FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD ERICHSEN, ROBIN 14125 PERDIDO KEY DR #6 PENSACOLA FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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: *William D. Leib* WILLIAM D. LEIB 5/15/95 4920744
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (Title)

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 750172 (9)

1. Corporation Name:
PINEBROOK HOLLOW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **5250 17TH ST SUITE 106 SARASOTA FL 34235**
Mailing Address: **5250 17TH ST SUITE 106 SARASOTA FL 34235**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: **12/12/1979**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1969500**
Applied For: Not Applicable

2. Principal Place of Business: **21 Gulf Coast Management 2187 22 2831 Ringling Blvd. Suite 2187 23 Sarasota, Florida 24 34237 25 USA**
2a. Mailing Address: **26 Gulf Coast Management 27 2831 Ringling Blvd. Suite 2187 28 Sarasota, Florida 29 34237 30 USA**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This Corporation has liability for intangible tax under Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**GULF COAST MANAGEMENT OF SARASOTA INC
5023 RINGWOOD MEADOW SUITE 106 SARASOTA FL 34235**

10. Name and Address of New Registered Agent:
81 Name: **Gulf Coast Management**
82 Street Address (P.O. Box Number is Not Acceptable): **2831 Ringling Blvd**
83 Suite: **Suite 2187**
84 City: **Sarasota** 85 Zip Code: **FL 34237**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 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 607.0505 Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: SHAW, JANET STREET ADDRESS: 4602 RINGWOOD MEADOW CITY, ST, ZIP: SARASOTA FL	11 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	11 NAME: PD Walter Vosneski 11 STREET ADDRESS: 4604 Ringwood meadow 11 CITY, ST, ZIP: sarasota, fl. 34235
TITLE: D	NAME: GREGORICH, MARY STREET ADDRESS: 4616 RINGWOOD MEADOW CITY, ST, ZIP: SARASOTA, FL 00000	12 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME: VPD Renee Szat Nowiski 12 STREET ADDRESS: 4608 Ringwood meadow 12 CITY, ST, ZIP: SARASOTA, FL 34235
TITLE: VD	NAME: MCMONAGLE, ANTOINETTE STREET ADDRESS: 4568 RINGWOOD MEADOW CITY, ST, ZIP: SARASOTA, FL 00000	13 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	13 NAME: sec Nilda Rugginini 13 STREET ADDRESS: 4415 Oakley Greene 13 CITY, ST, ZIP: SARASOTA, FL 34235
TITLE: DST	NAME: CLEARY, DON STREET ADDRESS: 4612 RINGWOOD MEADOW CITY, ST, ZIP: SARASOTA FL	14 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	14 NAME: Treas. Janet Shaw 14 STREET ADDRESS: 4602 Ringwood meadow 14 CITY, ST, ZIP: SARASOTA, FL 34235
TITLE:	NAME:	15 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	15 NAME: D. Mark Gregorich 15 STREET ADDRESS: 4616 Ringwood meadow 15 CITY, ST, ZIP: SARASOTA, FL 34235
TITLE:	NAME:	16 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	16 NAME:
TITLE:	NAME:	17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	17 NAME:

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)(b), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter Vosneski* 5-8-95 3775004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED AND FILED
MAY 8 11
DIVISION OF STATE RECORDS, FLORIDA