

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 750646 (2)**

1. Corporation Name

**REFLECTIONS ON THE GULF ASSOCIATION, INC.**



Principal Place of Business

900 GULF BOULEVARD  
INDIAN ROCKS BEACH FL 34635

Mailing Address

900 GULF BOULEVARD  
INDIAN ROCKS BEACH FL 34635

3. Date Incorporated or Qualified  
**01/17/1980**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3001 Executive Dr**

26 **3001 Executive Dr**

4. FEI Number  
**59-1967704**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 260**

27 **Suite 260**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

23 **Clearwater, FL**

28 **Clearwater, FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip

Country

Zip

Country

24 **34622**

25 **U.S.A.**

29 **34622**

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, JUDY  
300 31ST STREET N  
SUITE 125  
ST. PETERSBURG FL 33713

81 Name **Craig D. Caldwell, Vice Pres**  
82 Street Address **Condominium Associates**  
83 **3001 Executive Dr #260**  
84 City **Clearwater** FL 85 Zip Code **34622**

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

**Craig D. Caldwell, Vice President** 4-11-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, DONALD</b>	
STREET ADDRESS	<b>900 GULF BLVD., #703</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BCH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRETCH, ELIZABETH</b>	
STREET ADDRESS	<b>900 GULF BLVD</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BCH FL</b>	
TITLE	<b>Y</b>	<input type="checkbox"/> DELETE
NAME	<b>HEYWOOD, MARJ</b>	
STREET ADDRESS	<b>900 GULF BLVD #308</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BCH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLY, ROBERT</b>	
STREET ADDRESS	<b>900 GULF BLVD #605</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BCH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PORTER, STARR</b>	
STREET ADDRESS	<b>900 GULF BLVD., #1106</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>S Snelling, Cookie</b>
1.3 STREET ADDRESS	<b>900 GULF BLVD # 502</b>
1.4 CITY-ST-ZIP	<b>Indian Rocks Beach, FL 34635</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>T Gretch, Hermann</b>
2.3 STREET ADDRESS	<b>900 GULF BLVD # 607</b>
2.4 CITY-ST-ZIP	<b>Indian Rocks Beach, FL 34635</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>V Heywood, Marge</b>
3.3 STREET ADDRESS	<b>900 GULF BLVD # 308</b>
3.4 CITY-ST-ZIP	<b>Indian Rocks Beach, FL 34635</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>4000017952 24</b>
4.4 CITY-ST-ZIP	<b>-04/25/96--01112--006 34635</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>***61.25</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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, changed or on an attachment with an address.

SIGNATURE:

**Starr Porter** 4/11/96 Pres.

Date

Daytime Phone #

CR2E037 (12/95)