FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

750646

(2)

REFLECTIONS ON THE GULF ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address	** *			8414 81814 81814 81811 81811 85811 B1844 1981
3001 EXECUTIVE DR. 3001 EXECUTIVE DR. SUITE 260 SUITE 260 CLEARWATER FL 34622 CLEARWATER FL 34622-3388			2389			
US STORES		US		3. Date Incorporated or Qualified 01/17/1980	3a. Date of Last Report 04/25/1996	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1967704	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			Llection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Country	/	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of Curre	ent Registered Agent	81	T N====	10. Name and Address of New Re	gistered Agent
CALDWELL, MARIEMANS., CRAIG D 3001 EXECUTIVE DR #280 CLEARWATER FL 34622				Street Ad	DOMINIUM ASSOCIA dress (P.O. Box Number is Not Acceptate EXECUTIVE DR ARWATER	., #260 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0!	02 and 617 1598. Florida Sta	tutes, the abov		rporation submits this statement for the p	HITTOSE of changing its registered
I office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	le of Florida. Such change wa	is authorized b	v the corpor	ation's board of directors. I hereby accep	the appointment as registered
1	CONDOMINIUM ASS				una Co - 2 Columb	1 3-0-07
SIGNATURE	Signature, typed or printed name of registered a	gent and title it applicable (N	IO1L Registered Ag	ont signature req	uired when reinstation)	DATE
12.		NO DIRECTORS	13.		ADDIMONS/CHANGES TO OFFIC	
TITLE	8	⊠ DEL€11	1 1 TITLE		Ď	Change 🔀 Addition
NAME	SNELLING, COOKIE		1.2 NAME		TAUGHT MAX 100 GULY BLUD # 1004	
STREET ADDRESS				11,7011200	•	_
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		1.4 CITY-	\$1-7IP / 1	NOIAN ROOMS GRACH, I'L 340	
TITLE	7	☐ DELF1E	2.1 TO LE			Change L Addition
NAME	GRETCH, HERMAN		2.2 NAME			
STREET ADDRESS	900 GULF BLVD #607	A 400P		1 ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		2. 4 CITY-			2 50 1 1 2 2 2 5 5
TITLE	V	☐ DELETE	3.1 THEF	-	\$	Change 🔲 Addition
NAME	HEYWOOD, MARGE		3.2 NAME	1		
STREET ADDRESS	900 GULF BLVD #308	00F		1 ADDRESS		
CITY-\$T-ZIP	INDIAN ROCKS BCH FL 34	DELETE	34. CITY-			Dot Name
TITLE	D COLUMN PARENT	DELETE	4.1 TITLE		D	Change 🔀 Addition
NAME	KELLY, ROBERT		4. 2 NAME	190	TILLER DONALD	_
STREET ADDRESS			4.3 STREE	•	00 GULF ALVO #100	· .
CITY-ST-ZIP	INDIAN ROCKS BCH FL 34		4.4 CITY -	\$1-ZIP /	NOIAN ROCKS BCH FL	
TITLE	P	DELETE	5 1 1111.8			Change Addition
NAME	PORTER, STARR		5.2 NAME			
STREET ADDRESS	900 GULF BLVD., #1106		5.3 STREE	ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BCH FL		5 4 C/TY-	ST - 7IP		
TITLE		☐ DELETE	6111111			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	ADDRESS		
CITY-S1-ZIP			6.4 CITY-	S1 - 71P		

14. I do bereby 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 33 if charged, or on an attachment with an address.