


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750646 (2)

1. Corporation Name
REFLECTIONS ON THE GULF ASSOCIATION, INC.



Principal Place of Business 3001 EXECUTIVE DR. SUITE 260 CLEARWATER FL 34622 US	Mailing Address 3001 EXECUTIVE DR. SUITE 260 CLEARWATER FL 34622 US
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3. Date Incorporated or Qualified
01/17/1980

4. FEI Number 59-1967704	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 c/o Infiniti Prop. Mgt., Inc Suite, Apt., #, etc. 22 1301 Seminole Blvd., #110 City & State 23 Largo, FL Zip 24 33770	2a. Mailing Address 26 c/o Infiniti Prop. Mgt., Inc Suite, Apt., #, etc. 27 1301 Seminole Blvd., #110 City & State 28 Largo, FL Zip 29 33770	Country 25 US	Country 30 US
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE
STE 260
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name Infiniti Property Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 1301 Seminole Blvd.
83 Suite 110
84 City Largo
85 Zip Code FL 33770

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 *Gail P. Nolan* **Gail P. Nolan, President** **04/13/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUGHT, MAX 900 GULF BLVD. STE 1004 INDIAN ROCKS BEACH FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRETCH, HERMAN 900 GULF BLVD #607 INDIAN ROCKS BEACH FL 34635	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEYWOOD, MARGE 900 GULF BLVD #308 INDIAN ROCKS BCH FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DONALD 900 GULF BLVD. STE 1008 INDIAN ROCKS BEACH FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, STARR 900 GULF BLVD., #1106 INDIAN ROCKS BCH FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V/D FAUGHT, MAX 900 GULF BLVD #1004 INDIAN ROCKS BEACH, FL.	<input checked="" type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D GRETCH, HERMAN 900 GULF BLVD INDIAN ROCKS BEACH, FL.	<input checked="" type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P/D HEYWOOD, MARGE 900 GULF BLVD # 308 INDIAN ROCKS BEACH, FL.	<input checked="" type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S/D EDWARD, CAROL 900 GULF BLVD, # 501 INDIAN ROCKS BEACH, FL.	<input type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/>

14. 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 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: *Marge Heywood* **Marge Heywood** **04/09/98 (813)595-5277**

CR2E037 (10/97)