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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90248 048 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 750646

1. Corporation Name

REFLECTIONS ON THE GULF ASSOCIATION, INC.

Principal Place of Business

C/O INFINITI PROP MGT. INC  
 1301 SEMINOLE BLVD #110  
 LARGO FL 33770  
 US

Mailing Address

C/O INFINITI PROP MGT. INC  
 1301 SEMINOLE BLVD #110  
 LARGO FL 33770  
 US



2. Principal Place of Business

21 c/o Infiniti

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/17/1980

22 City & State

27 City & State

4. FEI Number

59-1967704

Applied For

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CONDOMINIUM ASSCIATES  
 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., SUITE 110  
 83  
 84 City LARGO FL 85 Zip Code 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 *Lydia L. Moscato*  
 Signature, typed or printed name of registered agent and title if applicable.

Lydia L. Moscato, Vice President

4/21/99  
 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FAUGHT, MAX	
STREET ADDRESS	900 GULF BLVD. STE 1004	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRETCH, HERMAN	
STREET ADDRESS	900 GULF BLVD #607	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEYWOOD, MARGE	
STREET ADDRESS	900 GULF BLVD #308	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, DONALD	
STREET ADDRESS	900 GULF BLVD. STE 1008	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COWARD, CAROL	
STREET ADDRESS	900 GULF BLVD #501	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHEARS, TIM	
1.3 STREET ADDRESS	900 GULF BLVD., #507	
1.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCLAUGHLIN, BRUCE	
2.3 STREET ADDRESS	900 GULF BLVD., #303	
2.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 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, with all other like empowered.

SIGNATURE: *Marjorie Heywood* SIGNATURE REQUIRED Marjorie Heywood 4/21/99 (727)595-5277  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)

UD3445