


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90067 016 \*\*\*\*61.25

**DOCUMENT # 750646**  
 1. Entity Name  
**REFLECTIONS ON THE GULF ASSOCIATION, INC.**



Principal Place of Business  
**7300 PARK ST  
 SEMINOLE, FL 33777 US**

Mailing Address  
**7300 PARK ST  
 SEMINOLE, FL 33777 US**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1967704**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**RESOURCE PROPERTY MANAGEMENT  
 7300 PARK ST  
 SEMINOLE, FL 33777**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)

**Filing Fee is \$81.25  
 Due by May 1, 2005**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make check payable to  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, BRUCE	
STREET ADDRESS	800 GULF BLVD., #303	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 34835	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HEYWOOD, MARGE	
STREET ADDRESS	800 GULF BLVD #308	
CITY-ST-ZIP	INDIAN ROCKS BCH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEARS, TIM	
STREET ADDRESS	900 GULF BLVD., #503	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TIMBERLAKE, RAQUEL	
STREET ADDRESS	200 GULF BLVD., #701	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLUCHS, JOSEPH	
STREET ADDRESS	900 GULF BLVD #402	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R Bruce M* DATE: 2/12/06 DAYTIME PHONE: 727 595-7635