

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751524

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: GULL'S NEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11701 1ST STREET, EAST  
TREASURE ISLAND, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

352 150TH AVENUE  
SUITE E  
MADEIRA BEACH, FL 337082090 US

**New Mailing Address:**

FEI Number: 59-2173226      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POWNALL, SCOTT  
4322 14TH STREET, NE  
ST PETERSBURG, FL 33703 US

**Name and Address of New Registered Agent:**

CONDO MGT PLUS  
352 150TH AVE  
SUITE E  
MADEIRA BEACH, FL 33708 US

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.

SIGNATURE: JOYCE ADAMS

04/24/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: POWNALL, SCOTT  
Address: 4322 14TH STREET, NE  
City-St-Zip: ST PETERSBURG, FL 33703

Title: V ( ) Delete  
Name: SILVEUS, ROBERTA  
Address: 11701 1ST STREET, E, UNIT #1  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ST ( ) Delete  
Name: GREGORY, TROY  
Address: 6745 DARTMOUTH AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33710

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOUGH, DORIS  
Address: 352 150TH AVE STE E  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: V (X) Change ( ) Addition  
Name: SILVEUS, ROBERTA  
Address: 352 150TH AVE STE E  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: ST (X) Change ( ) Addition  
Name: GREGORY, TROY  
Address: 352 150TH AVE STE E  
City-St-Zip: MADEIRA BEACH, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE ADAMS

LCAM

04/24/2008

Electronic Signature of Signing Officer or Director

Date