


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90039 030 \*\*\*\*61.25

<b>DOCUMENT # 754881</b>	
1. Entity Name	
GULF HOLIDAY APARTMENTS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
73 AVENIDA MESSINA SARASOTA FL 34242 US	P.O. BOX 21624 SARASOTA FL 34276 US



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
59-2443118	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DRAKE, J. KEVIN DOOLEY & DRAKE, P.A. 1432 FIRST ST. SARASOTA FL 34236

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	TS <input checked="" type="checkbox"/> Delete
NAME	HEAD, LEE
STREET ADDRESS	2981 CAPTIVA DR.
CITY ST ZIP	SARASOTA FL 34231
TITLE	D <input type="checkbox"/> Delete
NAME	MARCEAU, RICHARD
STREET ADDRESS	35 EASTERN AVE.
CITY ST ZIP	LUNENBURG MA 01462
TITLE	P <input type="checkbox"/> Delete
NAME	HORN, LINDA
STREET ADDRESS	2750 STICKNEY PT RD
CITY ST ZIP	SARASOTA FL 34231
TITLE	VP <input type="checkbox"/> Delete
NAME	MEES, GARRY
STREET ADDRESS	73 AUGNIDA MESSINA
CITY ST ZIP	SARASOTA FL 34242
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER MELLISH
STREET ADDRESS	536 BAYVIEW AVE
CITY ST ZIP	OSPREY FL 34229
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	
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 exemptions contained in Section 119, 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:**  1-22-07 941-923-9995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #