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NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 3. 21-96

NONPROFIT CORPORATIONS

DOCUMENT # 755263

(1)

1. Corporation Name

GULFSIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9362 GULF SHORE DRIVE  
NAPLES FL 33963

9362 GULF SHORE DRIVE  
NAPLES FL 33963



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONLEY, DANIEL E  
5600 N TAMIAMI TRL, SUITE 4  
NAPLES FL 33149

81 Name

Steven M. Falk

82 Street Address (P.O. Box Number is Not Acceptable)

850 - Park Shore Drive, 3rd Floor

83

410 Roetzel & Anderson, a legal professional association

84 City

Naples

FL

85 Zip Code  
33940

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

*Steven M. Falk*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME OSTER, RAY  
STREET ADDRESS 9362 GULFSHORE DR., #201  
CITY-ST-ZIP NAPLES FL

☒ DELETE

1.1 TITLE PD  
1.2 NAME JORDAN, FLOYD  
1.3 STREET ADDRESS 4362 GULFSHORE DR. #PHN  
1.4 CITY-ST-ZIP NAPLES, FL. 33963

☐ Change ☐ Addition

TITLE SD  
NAME HORNING, JAN  
STREET ADDRESS 8791 ROBINHOOD CIR., S.  
CITY-ST-ZIP WESTERVILLE OH

☒ DELETE

2.1 TITLE SD  
2.2 NAME CLEARY, KATHY  
2.3 STREET ADDRESS 27 PHAETON DR.  
2.4 CITY-ST-ZIP MELVILLE, NY. 11747

☐ Change ☐ Addition

TITLE TD  
NAME WRIGHT, CAROL  
STREET ADDRESS 9362 GULFSHORE DR., #202  
CITY-ST-ZIP NAPLES FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Carol A. Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96

Date

Daytime Phone #

CR2E037 (12/95)