## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 755263

1. Corporation Name

GULFSIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Busines								
9362 GULF SHORE C NAPLES FL 34108 US	RIVE							

Mailing Address

9362 GULF SHORE DRIVE NAPLES FL 34108

US

## FILED Mar 01, 1999 8:00 am § Secretary of State

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Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Site, Apt. #, etc.   Sit	2. Principal Place of Business			2a	2a. Mailing Address						d			
Second   S	21			26	26 .					The second secon				
City & State    City & State					Suite, Apt. #, etc.									
20   20   20   20   20   20   20   20				27	27					59-2058404				
2p   Country   Zip   Country   Zip   Country   S. Election Campaign Financing   \$5.00 May Be Added to Fees	¬ ' '			<u> </u>	<b>⊢</b> '					5. Certifcate of Status Desired		• • •	I	
3. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Name  14. City  15. Street Address (P.O. Box Number is Not Acceptable)  15. Name and Address of New Registered Agent  16. Name and Address of New Registered Agent  17. Name and Address of New Registered Agent  18. Name  18. Name  18. Name  18. Name  18. Name  18. Name  18. City  18. Ci	23			28						6 Fleeting Compaign Financing			·	
9. Name and Address of Current Registered Agent  81 Name  FALK, S TEVEN M 850 PARK SHORE DR NAPLES R. 38940— 3 4// 0 3  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutus. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obtaing income of memory registered agent. I am familiar with, and accept the obtaing one of statutus. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obtaing one sea authorized by the corporation's board of directors. I hereby accept the obtaining of section 617.0503, Florids Statutus.  SIGNATURE  90	<del></del>	ſ	·	20	٦ .	30			į	• •	'		4	
FALK, S TEVEN M   S50 PARK SHORE DR   NAPLES FL 39940— 3 4/10 3	24			1		100					Registered	Agent		
850 PARK SHORE DR NAPLES FL. 93940— 3 4/0 3  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florids Statutes. The above-named corporation submits this statement for the purpose of changing its 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 and title it septicable.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAPLES FL  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAPLES FL  13. STREET ADDRESS  14. CITY-ST-2P  14. CITY-ST-2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change   Addition   16. Change   Addition   16. Change   Addition   17. Change   Addition   18. CITY-ST-2P  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. NAME  10. Change   Addition   10. Chang	5. Name and Address of Control (Cognition Cognition							Name						
850 PARK SHORE DR NAPLES FL. 93940— 3 4/0 3  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florids Statutes. The above-named corporation submits this statement for the purpose of changing its 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 and title it septicable.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAPLES FL  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAPLES FL  13. STREET ADDRESS  14. CITY-ST-2P  14. CITY-ST-2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change   Addition   16. Change   Addition   16. Change   Addition   17. Change   Addition   18. CITY-ST-2P  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. NAME  10. Change   Addition   10. Chang	ENIK C T	EVEN N					92	02 Object Address (D.O. Day Number is Not Assessable)						
NAPLES FL. 93940— 3 4/0 3  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 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  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE DOFFICERS AND DIRECTORS 13. SURPLINES TO OFFICERS AND DIRECTORS IN 12.  TITLE DORDAN, FLOYYD 12 HANKE  STREET ADDRESS 9826 GULFSHORE DR PHN 13. STREET ADDRESS 14. CITY-ST-ZP 14. CITY-ST-ZP 14. CITY-ST-ZP 15. TITLE 15.	-		D				02	Street Address (P.O. Box Number is Not Acceptable)						
### City   FL   85   Zin Crobs   3   3   1   1   1   1   1   1   1   1							83							
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 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, 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, 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, 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, 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, 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, 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 directors. I hereby accept the appointment as registered agent, or both in the State of Girchard Sta	IVALEED I						94	City				85 Zin C	Code	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and familiar with and accept the obligations of Section 617/05/05, incidad Statutes.    SIGNATURE		אדע	7 ~ )				04	City			FL	34	703	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of orrectors. Thereby accept the appointment as registered agent and familiar with and accept the obligations of Section 617/0503, Florida Statutes.    SIGNATURE   The property of printed rating of registered agent and life if appointment as registered Agent signatures.   NATE	11. Pursuant	to the provis	ions of Sections 617.0502	2 and	617.1508, Florida Statut	tes, t	the above	-named	corpora	ation submits this statement for th	e purpose of	changing its	registered	
SIGNATURE    Signature, typed or printed name of registered agent and title if applications   NOTE. Registered Agent algoritant required when ministating)   DATE	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered													
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DELETE   DD	SIGNATURE	Signature, typed	or printed name of registered agen	t and title	le if applicable. (NOTE	E: Regi		t signature r	required w			ID DIDEOTO	50 111 40	
TILE	12.	Of Florito Allo Billico Forto								ADDITIONS/CHANGES TO C	FFICERS AN			
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C A CYDELET ADDRESS							6.2 NAME							
							6.3 STREE	FADDRESS					+	

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 suppliemental 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 from an attachment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-1999

Daytime Pl

KZEU3/ (11/98)