

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # 755263

1. Entity Name

GULFSIDE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

02-25-2000 90021 015 ****61.25

Principal Place of Business

Mailing Address

9362 GULF SHORE DRIVE
NAPLES FL 34108
US

9362 GULF SHORE DRIVE
NAPLES FL 34108-2068
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2058404

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALK, S TEVEN M
850 PARK SHORE DR
NAPLES FL 33940-34103

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, FLOYD	
STREET ADDRESS	9362 GULFSHORE DR PHN	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HORNING, JANET	
STREET ADDRESS	8791 ROBIN HOOD CR., S	
CITY-ST-ZIP	WESTERVILLE OH 43081	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARTON, JIM	
STREET ADDRESS	8963 SUNBURY RD	
CITY-ST-ZIP	WESTERVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRES PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Barton	
STREET ADDRESS	9362 Gulfshore Dr	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	Vice Pres SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Riley	
STREET ADDRESS	415 West LANE	
CITY-ST-ZIP	Geneva, IL 60134	
TITLE	Sec-Treas TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy KANE	
STREET ADDRESS	9362 Gulfshore Dr	
CITY-ST-ZIP	Naples, FL 34108	
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 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:

Jim Barton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

741-597-9503

Daytime Phone #

CR2E037 (9/89)