

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 755263**

1. Entity Name

**GULFIDE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**9362 GULF SHORE DRIVE  
NAPLES FL 34108  
US**

Mailing Address

**9362 GULF SHORE DRIVE  
NAPLES FL 34108  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
|---|---------------------------------|--|---|
| PD<br>BARTON, JIM<br>9362 GULF SHORE DR<br>NAPLES FL 34108  | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VSD<br>RILEY, JIM<br>415 WEST LANE<br>GENEVA IL 60134       | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STD<br>KANE, NANCY<br>9362 GULF SHORE DR<br>NAPLES FL 34108 | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

**SIGNATURE REQUIRED****29 Jan 01 597-9503****FILED  
Feb 03, 2001 8:00 am  
Secretary of State**

02-03-2001 90026 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2058404**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

CR2E037 (10/00)