2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 11, 2006 08:00 Al Secretary of State **DOCUMENT # 755263** 1. Entity Name GULFSIDE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9362 GULF SHORE DRIVE 9362 GULF SHORE DRIVE NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) Applied For 4. FEI Number City & State City & State 59-2058404 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FALK, S TEVEN M Street Address (P.O. Box Number is Not Acceptable) 850 PARK SHORE DR NAPLES FL 34103 City 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete THILE Change ☐ Addition RILEY, JIM U00000574133 NAME 415 WEST LANE STREET ADDRESS STREET ADDRESS 08/11/06-80005-001 61.25 GENEVA IL 60134 CITY-ST-ZIP CITY-ST-ZIP VSD ☐ Delete Change ☐ Addition RILEY, JIM NAME NAME 415 WEST LANE STREET ADDRESS STREET ADDRESS GENEVA IL 60134 CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Derete TITLE ☐ Change ☐ Add:tion KANE, NANCY NAME NAME 9362 GULFSHORE DR STREET ADDRESS STREET ADDRESS NAPLES FL 34108 CITY-S1-ZIP CITY-ST-ZIP SD Delete UTLE ☐ Change ☐ Addition BARTON, KAY NAME 9362 GULFSHORE DR STREET ADDRESS STREET ADDRESS NAPLES FL 34108 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY+ST-ZIP THE F ☐ Delete TITLE Change Addition NAMI-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP

changed, or on an attachment with an address, with all other like endrowered.

SIGNATURE: Larry Wright Pangob

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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