2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 23, 2007 8:00 am DOCUMENT-#-755263 **Secretary of State** 1. Entity Name 03-23-2007 90022 039 ****61.25 GULFSIDE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9362 GULF SHORE DRIVE NAPLES FL 34108 9362 GULF SHORE DRIVE NAPLES FL 34108 Principal Place of Business - No P.O. Box # Mailing Address 375 Gulfshore 1st MOORE CR2E037 (10/06) Applied For 4. FEI Number 59-2058404 Not Applicable 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box - Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TOTAL TITLE Delete ☐ Change RILEY, JIM NAME 415 WEST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GENEVA IL 60134 CITY-ST-ZIP ☐ Delete TITLE **VSD** THE ■ Addition NAME RILEY, JIM NAME STREET ADDRESS 415 WEST LANE STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP GENEVA IL 60134 TITLE ☐ Delete HILE Change TD Addition KANE HANCY 9375 Gulfshore Orive NAPLES EL 34108 NAME NAME KANE, NANCY STREET ADDRESS STREET ADDRESS 9362 GULFSHORE DR CITY-ST-ZIP CHY-\$1-7IP NAPLES FL 34108 TITLE Delete THLE SD ☐ Addition 9375 Gulfshore Drive NAME NAME BARTON, KAY STREET ADDRESS STREET ADDRESS 9362 GULFSHORE DR CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34108 NAPLES FL 34108 CITIE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

FILED

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