

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 755263	
1. Entity Name GULFSIDE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 9375 GULFSHORE DR NAPLES FL 34108 US	Mailing Address 9375 GULFSHORE DR NAPLES FL 34108 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2058404	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
FALK, S TEVEN M 850 PARK SHORE DR NAPLES FL 34103

7. Name and Address of New Registered Agent
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. 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 is required when re-stating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RILEY, JIM 415 WEST LANE GENEVA IL 60134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RILEY, JIM 415 WEST LANE GENEVA IL 60134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KANE, NANCY 9375 GULFSHORE DR NAPLES FL 34108 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARTON, KAY 9375 GULFSHORE DRIVE NAPLES FL 34108 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000930420 05/21/08-80108-013 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: *Kay Barton* **KAY Barton** *8 April 08*