

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90094 044 ****61.25

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02142005 Chg-NP CR2E037 (10/03)

DOCUMENT # 756325 1. Entity Name GULF SHORES CONDOMINIUM MOTEL, INC.					
Principal Place of Business 410 GULF BLVD INDIAN ROCKS BEACH, FL 33785 US			Mailing Address C/O JACK TANENBAUM CPA 9180 OAKHURST ROAD SUITE 3 SEMINOLE, FL 33776 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2167636 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SULLIVAN, CHUCK A 311 SOUTH MISSOURI AVENUE CLEARWATER, FL 34616			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, GENE	NAME			
STREET ADDRESS	410 GULF BLVD, APT 5	STREET ADDRESS			
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP			
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, SUSAN	NAME			
STREET ADDRESS	410 GULF BLVD, APT 5	STREET ADDRESS			
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, BETTY	NAME			
STREET ADDRESS	4250 BETHANEY	STREET ADDRESS			
CITY-ST-ZIP	BUCKHEAD, GA 30625	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOULD, TODD	NAME			
STREET ADDRESS	410 GULF BLVD	STREET ADDRESS			
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	STD ANN WILSON-BEHNKE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	3072347 SETON LANE		
STREET ADDRESS		STREET ADDRESS	LARGO FL 33774		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	VPD LARRY DAUDELIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	7973 3 AVE S		
STREET ADDRESS		STREET ADDRESS	ST PETERSBURG FL 33707		
CITY-ST-ZIP		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: _____		Date: 3-2-05		Daytime Phone #: 813-426-3355	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					