

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

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90070 026 \*\*\*\*70.00

**DOCUMENT # 756345**

1. Entity Name

GULF GARDENS ASSOCIATION, INC.



Principal Place of Business

14141 GULF BLVD.  
MADEIRA BEACH FL 33708  
US

Mailing Address

14141 GULF BLVD.  
MADEIRA BEACH FL 33708  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2084469

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

IMRE KONDAKOR  
14141 GULF BLVD.  
MADEIRA BEACH FL 33708

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 required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KONDAKOR, IMRE  
STREET ADDRESS 14141 GULF BLVD  
CITY-ST-ZIP MADEIRA BEACH FL 33708 ☐ Delete

TITLE DMB  
NAME MOBERLY, LUKE  
STREET ADDRESS 10806 W BEACH PARKWAY  
CITY-ST-ZIP LAKE WALES FL 33853 ☒ Delete

TITLE DV  
NAME MCKEE, RUSS  
STREET ADDRESS 8827 WELLINGTON DR.  
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

TITLE DS  
NAME LESCANO, JAVIER  
STREET ADDRESS 440 W DAVIS BLVD.  
CITY-ST-ZIP TAMPA FL 33606 ☒ Delete

TITLE TD  
NAME BOKHART, MARK  
STREET ADDRESS C/O 1210 AUBUBON PLACE  
CITY-ST-ZIP ORLANDO FL 32804 ☐ 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

TITLE DMB  
NAME JOHN WATTS  
STREET ADDRESS 213 S. OCCIDENT ST  
CITY-ST-ZIP TAMPA FL 33609 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS  
NAME BASS STEPHAN  
STREET ADDRESS 1153 GOLDEN SILENCE DR.  
CITY-ST-ZIP RIVERVIEW, FL 33569 ☒ 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: *Imre Kondakor* IMRE KONDAKOR 1-24-06 727-392-1248