

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90060 024 ****61.25

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**

10000277



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2084469**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IMRE KONDAKOR
14141 GULF BLVD.
MADEIRA BEACH FL 33708**

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

IMRE KONDAKOR Imre Kondakor 1-3-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **TD** ☒ Change ☐ Addition
NAME **MARK BOKHART**
STREET ADDRESS **610 1210 A4 BLVD PLACE**
CITY-ST-ZIP **ORLANDO, FL 32804**

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

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

TITLE **DV** ☐ Delete
NAME **PALMER, TOM**
STREET ADDRESS **409 ABERDEEN CT. N.**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **DV** ☐ Change ☐ Addition
NAME **PALMER, TOM**
STREET ADDRESS **409 ABERDEEN CT. N.**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **DS** ☐ Delete
NAME **HOBBY, JOHNNY**
STREET ADDRESS **7808 N 57TH STREET**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **DS** ☐ Change ☐ Addition
NAME **HOBBY, JOHNNY**
STREET ADDRESS **7808 N 57TH STREET**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **DBM** ☐ Delete
NAME **BASS, TED**
STREET ADDRESS **3102 NAPOLEON AVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **DBM** ☐ Change ☐ Addition
NAME **BASS, TED**
STREET ADDRESS **3102 NAPOLEON AVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **IMRE KONDAKOR Imre Kondakor 1-3-03 727-392-248**

CR2E037 (10/02)