

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **758720** (7)

95 FEB -7 PM 4: 09

1. Corporation Name
GULL HARBOUR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O A M SOUTHWORTH
17105 GULF BLVD
N REDINGTON BCH FL 33708**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/11/1981** 3a. Date of Last Report **02/03/1994**
4. FEI Number **59-2239324** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability of intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SOUTHWORTH, A M
17105 GULF BLVD #413
N REDINGTON BEACH FL 33708**

10. Name and Address of New Registered Agent
81 Name **Southworth, A.M.**
82 Street Address (P.O. Box Number is Not Acceptable) **17105 Gulf Blvd.**
83
84 City **N. Redington Bch FL** 85 Zip Code **33708**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I, hereby accept the appointment as registered agent. I am familiar with, and understand, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE _____
Signature of registered agent for the annual report and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIMROTH, ELIZABETH S.
STREET ADDRESS	17105 GULF BLVD #347
CITY-ST-ZIP	N REDINGTON BCH, FL00000
TITLE	TD
NAME	SOUTHWORTH, A M
STREET ADDRESS	17105 GULF BLVD #413
CITY-ST-ZIP	N REDINGTON BCH, FL00000
TITLE	VSD
NAME	MASCALI, FRANK C
STREET ADDRESS	411 RIVER BAY
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	VT
NAME	GOODIER, WILLIAM R.H.
STREET ADDRESS	17105 GULF BLVD #425
CITY-ST-ZIP	N REDINGTON BCH FL
TITLE	D
NAME	SCHMIDT, JOHN
STREET ADDRESS	6690 BURNING TREE DR.
CITY-ST-ZIP	SEMINOLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Limroth, Elizabeth S.	
1.3 STREET ADDRESS	8087 140th St N.	
1.4 CITY-ST-ZIP	Seminole, FL 34646	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Southworth, A.M.	
2.3 STREET ADDRESS	17105 Gulf Blvd	
2.4 CITY-ST-ZIP	N. Redington Bch, FL 33708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 person or person employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an addendum.

SIGNATURE: *[Signature]* DATE **1-27-95** TELEPHONE NO. **(813) 892-0753**
Signature and typed or printed name of signing officer or director