

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 758720 (7)  
1. Corporation Name  
**GULL HARBOUR CONDOMINIUM ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: 06/11/1981  
3a. Date of Last Report: 02/07/1995

|                                |  |                     |  |   |  |   |  |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 4. FEI Number   |  | Applied For   |  |
| 21                             |  | 26                  |  | 59-2239324  |  | Not Applicable  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired  |  | \$8.75 Additional Fee Required                                      |  |
| 22                             |  | 27                  |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | \$5.00 May Be Added to Fees   |  |
| City & State                   |  | City & State        |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 23                             |  | 28                  |  | 24  |  | 25  |  |
| Zip                            |  | Country             |  | 29  |  | 30  |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                   |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| SOUTHWORTH, A M<br>17105 GULF BLVD.<br>N REDINGTON BEACH FL 33708 |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | 85 Zip Code   |  |  |  |
|   |  |  |  | FL  |  |  |  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | PD<br>LIMROTH, ELIZABETH S.     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 8087 140TH ST. N.               | 1.2 NAME  |   |
| STREET ADDRESS             | SEMINOLE FL                     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD<br>SOUTHWORTH, A M           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 17105 GULF BLVD.                | 2.2 NAME  |   |
| STREET ADDRESS             | N REDINGTON BCH, FL00000        | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VSD<br>MASCALI, FRANK C         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 411 RIVER BAY                   | 3.2 NAME  |   |
| STREET ADDRESS             | TAMPA, FL 00000                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VT<br>GOODIER, WILLIAM R.H.     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 17105 GULF BLVD #425            | 4.2 NAME  |   |
| STREET ADDRESS             | N REDINGTON BCH FL              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>SCHMIDT, JOHN              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 6690 BURNING TREE DR.           | 5.2 NAME  |   |
| STREET ADDRESS             | SEMINOLE FL                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1-16-96 (813) 352-0753  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)