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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33708-1497

3. Date Incorporated or Qualified: 06/11/1981
3a. Date of Last Report: 01/25/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIMROTH, ELIZABETH S. | 1.2 NAME | |
| STREET ADDRESS | 8087 140TH ST. N. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOUTHWORTH, A M | 2.2 NAME | |
| STREET ADDRESS | 17105 GULF BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | N REDINGTON BCH, FL00000 | 2.4 CITY-ST-ZIP | |
| TITLE | VSD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MASCALI, FRANK C | 3.2 NAME | |
| STREET ADDRESS | 411 RIVER BAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | VT <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODIER, WILLIAM R.H. | 4.2 NAME | |
| STREET ADDRESS | 17105 GULF BLVD #425 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | N REDINGTON BCH FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHMIDT, JOHN | 5.2 NAME | |
| STREET ADDRESS | 6690 BURNING TREE DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL | 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 or on an attachment with an address.

SIGNATURE: _____ DATE: 2-9-97 DAYTIME PHONE: 813 892-0753

CR2E037 (9/96)