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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90043 042 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758720**

1. Corporation Name  
**GULL HARBOR 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>06/11/1981</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2239324</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIMROTH, ELIZABETH S.	
STREET ADDRESS	8087 140TH ST. N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SOUTHWORTH, A M	
STREET ADDRESS	17105 GULF BLVD.	
CITY-ST-ZIP	N REDINGTON BCH, FL00000	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MASCALI, FRANK C	
STREET ADDRESS	411 RIVER BAY	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GOODIER, WILLIAM R.H.	
STREET ADDRESS	17105 GULF BLVD #425	
CITY-ST-ZIP	N REDINGTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIDT, JOHN	
STREET ADDRESS	6690 BURNING TREE DR.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Zip 33776
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Zip 33708
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Zip 33619-4000
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Zip 33708
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	5816 Fairway Lakes Dr.
5.4 CITY-ST-ZIP	Sarasota, FL 34243
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth S. Limroth 1/28/99 392-015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)