

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758720

1. Entity Name

GULL HARBOR CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90233 010 ****61.25

Principal Place of Business

Mailing Address

C/O A M SOUTHWORTH
 17105 GULF BLVD
 N REDINGTON BCH FL 33708

C/O A M SOUTHWORTH
 17105 GULF BLVD
 N REDINGTON BCH FL 33708-1497



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2239324

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

SOUTHWORTH, A M
17105 GULF BLVD.
N REDINGTON 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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIMROTH, ELIZABETH S.	
STREET ADDRESS	8087 140TH ST. N.	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOUTHWORTH, A M	
STREET ADDRESS	17105 GULF BLVD.	
CITY-ST-ZIP	N REDINGTON BCH FL 33776	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	MASCALI, FRANK C	
STREET ADDRESS	411 RIVER BAY	
CITY-ST-ZIP	TAMPA FL 33619-4000	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GOODIER, WILLIAM R.H.	
STREET ADDRESS	17105 GULF BLVD #425	
CITY-ST-ZIP	N REDINGTON BCH FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, JOHN	
STREET ADDRESS	5816 FAIRWAY LAKE DR.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edith Mascali	
STREET ADDRESS	7974 Sailboat Key S.	
CITY-ST-ZIP	S. Pasadena, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Krammer	
STREET ADDRESS	17117 Gulf Blvd, Apt 635	
CITY-ST-ZIP	N. Redington Bch, FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-00

Daytime Phone #

727-392-0753

CFE037 (9/99)