


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90711 038 ****61.25

DOCUMENT # 758720

1. Entity Name
GULL HARBOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2239324** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SOUTHWORTH, A M
17105 GULF BLVD.
N REDINGTON BEACH FL 33708

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

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 type="checkbox"/> Delete
NAME	MASCALI, EDITH	
STREET ADDRESS	7974 SAILBOAT KEY S	
CITY-ST-ZIP	S. PASEDNA FL 33707	
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 type="checkbox"/> Delete
NAME	KRAMMER, CHARLES	
STREET ADDRESS	17117 GULF BLVD, APT 635	
CITY-ST-ZIP	N. REDINGTON FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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		

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 all other like empowered.

SIGNATURE: _____ 1-9-03 727-392-0753

CR2E037 (10/02)