


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 766092 1. Entity Name GULF OAKS CENTRE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1435 GULF TO BAY BLVD., SUITE C CLEARWATER, FL 33755-5315 US	Mailing Address 1435 GULF TO BAY BLVD., SUITE C CLEARWATER, FL 33755-5315 US
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04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1675919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOTTFRIED, WILLIAM E ESQ. 1435 GULF-TO-BAY BLVD. STE. C CLEARWATER, FL 33755-5315

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GOTTFRIED, WILLIAM E 1435 GULF-TO-BAY BLVD., STE. C CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FRIEDMAN, MARTIN 1435 GULF TO BAY BLVD., SUITE D CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FRANKLIN, PAUL 1433 GULF TO BAY BLVD., SUITE G CLEARWATER, FL 33755
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04/28/05-80125-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/21/05 <small>Date</small>	(727) 462-5392 <small>Daytime Phone #</small>
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