

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 766092

1. Entity Name
**GULF OAKS CENTRE CONDOMINIUM ASSOCIATION,
INC.**



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**



04062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1675919

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GOTTFRIED, WILLIAM E
STREET ADDRESS	1435 GULF-TO-BAY BLVD., STE. C
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	VPD
NAME	FRIEDMAN, MARTIN
STREET ADDRESS	1435 GULF TO BAY BLVD., SUITE D
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	SD
NAME	FRANKLIN, PAUL
STREET ADDRESS	1433 GULF TO BAY BLVD., SUITE G
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80040-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/06 (727) 462-5592