


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 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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DO NOT WRITE IN THIS SPACE



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1675919	Applied For 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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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 reissuing) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000707179 04/24/07-80063-020 61.25
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **William E. Gottfried** **4/10/07** **(727) 462-5592**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #