

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90040 026 ****61.25

DOCUMENT # N00000001862

1. Entity Name
**GULFSIDE VILLAGE OF HOLMES BEACH CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**3909 E BAY DRIVE
SUITE 110
HOLMES BEACH, FL 34217**

Mailing Address
**3909 E BAY DRIVE
SUITE 110
HOLMES BEACH, FL 34217**

2. Principal Place of Business - No P.O. Box #
107-113 75th St.

3. Mailing Address
P.O. Box 1267

Suite, Apt. #, etc.

Suite, Apt. #, etc.



02262008 Chg-NP CR2E037 (12/06)

City & State
HOLMES BEACH, FL
Zip
34217
Country
USA

City & State
HOLMES BEACH, FL
Zip
34218
Country
USA

4. FEI Number
65-1046541

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIVENS, STANN
607 W HARTIE ST
TAMPA, FL 33606**

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

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, 2008**

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	DT	<input type="checkbox"/> Delete
NAME	MEIER, WILLIAM	
STREET ADDRESS	5300 BIRXUALA ST.	
CITY-ST-ZIP	CANTON, OH 44708	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TEETER, FREDERICK	
STREET ADDRESS	3423 UNIONTOWN RD	
CITY-ST-ZIP	UNIONTOWN, MD 21158	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SOLOMON, MICHAEL	
STREET ADDRESS	2432 SUNSET DRIVE	
CITY-ST-ZIP	TAMPA, MS 39629	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GIVENS, STAN	
STREET ADDRESS	2525A MARYLAND AVE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5300 BIRKDALE ST.	
CITY-ST-ZIP		
TITLE	DVP	<input checked="" 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	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2524 MARYLAND AVE	
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 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 C. Meier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08

Date

330-685-3200

Daytime Phone #