

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008823

FILED
Apr 10, 2007
Secretary of State

Entity Name: GULFSIDE COTTAGES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

GULFSIDE WAY
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY WEST
SUITE 23
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 26-0007337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELDER, JAY B
10221 EMERALD COAST PKWY WEST
SUITE 23
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WAITES, CHARLIE
Address: 1707 WELLINGTON RD.
City-St-Zip: BIRMINGHAM, AL 35209

Title: PD () Delete
Name: BREMER, SUSAN
Address: 5732 CHESTNUT TRACE
City-St-Zip: BIRMINGHAM, AL 35244

Title: VPD () Delete
Name: SMITH, RUSTY
Address: 120 WIMBERLY DRIVE
City-St-Zip: TRUSSVILLE, AL

Title: DS () Delete
Name: SERTICH, LEE
Address: 9500 SCOTT RD.
City-St-Zip: ROSWELL, GA 30076

Title: DT () Delete
Name: LEWIN, JAN
Address: 325 RIVOLI CIRCLE
City-St-Zip: ATLANTA, GA 30342

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WAITES, CHARLIE
Address: 1707 WELLINGTON RD.
City-St-Zip: BIRMINGHAM, AL 35209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MURRAY, SYLVIA
Address: 32 GULFSIDE WAY
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D (X) Change () Addition
Name: LEWIN, JAN
Address: 325 RIVOLI CIRCLE
City-St-Zip: ATLANTA, GA 30342

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN BREMER

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date