2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-04-2003 90063 040 ****61.25
N01000008823

FILED
03 SEP 22 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N01000008823

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

Principal Place of Business	Mailing Address
3320 W. CO. HWY. 30-A SANTA ROSA BCH FL 32459	3320 W. CO. HWY. 30-A SANTA ROSA BCH FL 32459

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PO Box 4946	PO Box 4946
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEASIDE FL	City & State: SEASIDE FL
Zip: 32459 Country: USA	Zip: 32459 Country: USA

4. FEI Number 26-0007337 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, FRANKLIN H
5365 E. CO. HWY. 30-A, SUITE 105
SEAGROVE BCH FL 32459

7. Name and Address of New Registered Agent

Name: DAVID LEUTZE
Street Address (P.O. Box Number is Not Acceptable): 59 Canal Street
City: Seagrove Beach FL Zip Code: 32459

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: DAVID F. LEUTZE ASSOCIATION MGR 8/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KING, BRUCE 170 EMERALD DUEN CIRCLE SANTA ROSA BCH FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURCH, STEVE 6559 AVENIDA DEGALVEZ NAVARRE FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LIZ DAVIS 43 GULFSIDE WAY DESTIN FL 32550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHULTZ, JOEY 4867 ASHFORD DUNWOOD RD, APT 4203 DUNWOODY GA 30338	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARK BREMER 39 GULFSIDE WAY DESTIN FL 32550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RON CAUGHRON 96 GULFSIDE WAY DESTIN FL 32550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARC BLOOMSTON 155 GULFSIDE WAY DESTIN FL 32550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED BRUCE KING 8/20/03 534-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #