


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM  
Secretary of State

DOCUMENT # N02000003674 1. Entity Name GULFVIEW VILLAS OF HOLMES BEACH CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 413 PINE AVE ANNA MARIE, FL	Mailing Address P.O. BOX 1344 ANNA MARIA, FL 34216
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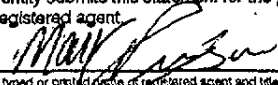
01072006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0510920	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  KIMBALL, MARK L 413 PINE AVE ANNA MARIA, FL
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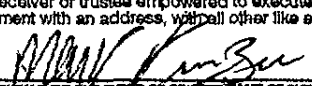
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable	DATE: 1-12-06 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIMBALL, MARK L 413 PINE AVE ANNA MARIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURETT, SANDEE 413 PINE AVE ANNA MARIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, JANICE 2409 PALM AVE MANHATTAN BEACH, CA 90266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000390050 01/23/06-80009-023 70.00
<b>DO NOT WRITE IN THIS SPACE</b>

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, without other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 1-12-06 Daytime Phone #: 941-518-6329