

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

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000003674**

1. Entity Name  
**GULFVIEW VILLAS OF HOLMES BEACH CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**413 PINE AVE  
ANNA MARIE, FL**

Mailing Address  
**P.O. BOX 1344  
ANNA MARIA, FL 34216**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0510920**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KIMBALL, MARK L  
413 PINE AVE  
ANNA MARIA, FL**

**DO NOT WRITE  
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 reinstating)

**U00000581608**  
**01/10/07-80094-016 61 25**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KIMBALL, MARK L
STREET ADDRESS	413 PINE AVE
CITY-ST-ZIP	ANNA MARIE, FL
TITLE	D
NAME	PURETT, SANDEE
STREET ADDRESS	413 PINE AVE
CITY-ST-ZIP	ANNA MARIE, FL
TITLE	D
NAME	BRYANT, JANICE
STREET ADDRESS	2409 PALM AVE
CITY-ST-ZIP	MANHATTAN BEACH, CA 90266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

**MARK KIMBALL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-807**

Date

**941-518-6329**

Daytime Phone #