
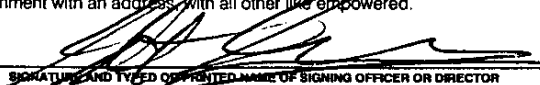


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90184 021 \*\*\*\*61.25

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # N05026</b><br>1. Entity Name<br><b>GULLHOUSE I CONDOMINIUM ASSOCIATION, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>8753 S. HWY A1A<br/>MELBOURNE BEACH, FL 32951 US</b>  |  |   | Mailing Address<br><b>8753 S. HWY A1A<br/>MELBOURNE BEACH, FL 32951 US</b>  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   | 4. FEI Number<br><b>NOT APPLICABLE</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | <b>\$8.75 Additional<br/>Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCHERMERHORN, W. SCOTT<br/>8753 S. HWY A1A<br/>MELBOURNE BEACH, FL 32951</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |   |  |
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE   | <b>T</b><br><b>GULL, CINDY</b> <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>8755 S. HWY A1A</b>   |   | NAME  |   |  |
| STREET ADDRESS  | <b>MELBOURNE BEACH, FL 32951</b>                               |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |   |  |
| TITLE   | <b>PRESIDENT</b> <input type="checkbox"/> Delete               |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>GRATHWOHL, TOM</b>  |   | NAME  |   |  |
| STREET ADDRESS  | <b>410 MOUNT PARAN RD</b>                                      |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | <b>ATLANTA, GA 30327</b>                                       |   | CITY-ST-ZIP   |   |  |
| TITLE   | <b>S</b> <input type="checkbox"/> Delete                       |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>SCHERMERHORN, SCOTT</b>                                     |   | NAME  |   |  |
| STREET ADDRESS  | <b>8753 S. HWY A1A</b>   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | <b>MELBOURNE BEACH, FL 32951</b>                               |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |  |   | NAME  |   |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |  |   | NAME  |   |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete                                |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |  |   | NAME  |   |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |   |  |
| 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. |  |   |   |   |  |
| <b>SIGNATURE:</b>  <b>SCOTT SCHERMERHORN</b> 4/26/05 728028  |  |   |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |   |  |

14004280



02082005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**SCHERMERHORN, W. SCOTT  
8753 S. HWY A1A  
MELBOURNE BEACH, FL 32951**

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 \$81.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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MELBOURNE BEACH, FL 32951

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
GRATHWOHL, TOM ☐ Delete  
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☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
SCHERMERHORN, SCOTT ☐ Delete  
8753 S. HWY A1A  
MELBOURNE BEACH, FL 32951

☐ Change ☐ Addition  
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STREET ADDRESS  
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #