

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:07

DOCUMENT # **N07973** (3)
1. Corporation Name
GULFSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
8042 PORPOISE DR MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/05/1985** 3a. Date of Last Report **03/02/1994**
4. FEI Number **59-2778194** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**PIERCE, CHARLOTTE
8042 PORPOISE DRIVE
MARATHON FL 33050**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	MACKEY, FRANK
STREET ADDRESS	5800 OVERSEAS HWY
CITY-ST-ZIP	MARATHON FL
TITLE	D/P
NAME	FOWLER, BRIGID
STREET ADDRESS	5800 OVERSEAS HWY #15
CITY-ST-ZIP	MARATHON FL
TITLE	RD
NAME	LOGAN, MARLENE
STREET ADDRESS	5800 OVERSEA HWY #36
CITY-ST-ZIP	MARATHON FL
TITLE	SD
NAME	FARELLA, FRANK
STREET ADDRESS	5800 OVERSEA HWY #11
CITY-ST-ZIP	MARATHON FL
TITLE	DVS
NAME	DANIELS, JANE
STREET ADDRESS	5800 OVERSEA HWY #8
CITY-ST-ZIP	MARATHON FL
TITLE	D/V/P
NAME	FREEMAN, BRUCE
STREET ADDRESS	5800 OVERSEAS HIGHWAY #18
CITY-ST-ZIP	MARATHON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D/ST
4.3 STREET ADDRESS	GIENN JOHNSON
4.4 CITY-ST-ZIP	5800 Overseas Hwy #4
	Marathon
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brigid Fowler **BRIGID FOWLER, President** 1/30/95 305-2485
Signature and typed or printed name of signing officer or director Date (Type in Print)