

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N07973** (3)

1. Corporation Name

GULFSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8042 PORPOISE DR
MARATHON FL 33050

8042 PORPOISE DR
MARATHON FL 33050

3. Date Incorporated or Qualified
03/05/1985

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **5800 Overseas Hwy**

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Marathon, FL**

28 City & State

24 Zip **33050**

25 Country **Monroe**

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERCE, CHARLOTTE
8042 PORPOISE DRIVE
MARATHON FL 33050

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MACKAY, FRANK	
STREET ADDRESS	5800 OVERSEAS HWY # 19	
CITY - ST - ZIP	MARATHON FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FOWLER, BRIGID	
STREET ADDRESS	5800 OVERSEAS HWY #15	
CITY - ST - ZIP	MARATHON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOGAN, MARLENE	
STREET ADDRESS	5800 OVERSEA HWY #36	
CITY - ST - ZIP	MARATHON FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	JOHNSON, GLENN	
STREET ADDRESS	5800 OVESEAS HWY #4	
CITY - ST - ZIP	MARATHON TL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	DANIELS, JANE	
STREET ADDRESS	5800 OVERSEA HWY #6	
CITY - ST - ZIP	MARATHON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FREEMAN, BRUCE	
STREET ADDRESS	5800 OVERSEAS HIGHWAY #16	
CITY - ST - ZIP	MARATHON FL	

11 TITLE	Gerald Shinn - D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	5800 Overseas Hwy. #23	
13 STREET ADDRESS	Marathon, FL 33050	
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bruce Freeman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Pres. 1/30/96
Date

Daytime Phone #

CR2E037 (12/95)