


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 5800 OVERSEAS HWY MARATHON FL 33050 US	Mailing Address 8042 PORPOISE DR MARATHON FL 33050
--	--

3. Date Incorporated or Qualified 03/05/1985	
4. FEI Number 59-2778194	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINN, GERALD	1.2 NAME	
STREET ADDRESS	5800 OVERSEAS HWY, # 23	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, BRIGID	2.2 NAME	
STREET ADDRESS	5800 OVERSEAS HWY #15	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GLENN	3.2 NAME	
STREET ADDRESS	5800 OVESEAS HWY #4	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, JANE	4.2 NAME	
STREET ADDRESS	5800 OVERSEA HWY #6	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, BRUCE	5.2 NAME	
STREET ADDRESS	5800 OVERSEAS HIGHWAY #16	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOE, JEAN	6.2 NAME	
STREET ADDRESS	5800 OVERSEAS, #7	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	6.4 CITY-ST-ZIP	

14. 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 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* 1/30/98 305.743.4894

CP2E037 (10/97)