

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90061 046 \*\*\*\*61.25

0025291

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07973**

1. Corporation Name  
**GULFSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

9 4 5 3 8  
 94538 - 90061 - 46

Principal Place of Business 5800 OVERSEAS HWY MARATHON FL 33050 US	Mailing Address 8042 PORPOISE DR MARATHON FL 33050
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/05/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2778194
City & State 23	City & State 28	Applied For - Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	
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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	SHINN, GERALD 5800 OVERSEAS HWY, # 23 MARATHON FL	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	FOWLER, BRIGID 5800 OVERSEAS HWY #15 MARATHON FL	2.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP	JOHNSON, GLENN 5800 OVESEAS HWY #4 MARATHON TL	3.1 TITLE D SH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	DANIELS, JANE 5800 OVERSEA HWY #6 MARATHON FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP	FREEMAN, BRUCE 5800 OVERSEAS HIGHWAY #16 MARATHON FL	5.1 TITLE D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	BOE, JEAN 5800 OVERSEAS, #7 MARATHON FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: B. Signatures Required 1/13/99 305-743-4894  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/98)