

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90100 008 ****61.25

DOCUMENT # N07973

1. Entity Name

GULFSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5800 OVERSEAS HWY
 MARATHON FL 33050
 US

8042 PORPOISE DR
 MARATHON FL 33050-2832

00000110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2778194

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PIERCE, CHARLOTTE
8042 PORPOISE DRIVE
MARATHON FL 33050

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.

SIGNATURE

Brigid Fowler

2/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SHINN, GERALD	
STREET ADDRESS	5800 OVERSEAS HWY. # 23	
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	DSP	<input type="checkbox"/> Delete
NAME	JOHNSON, GLENN	
STREET ADDRESS	5800 OVESEAS HWY #4	
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	
TITLE	D/ST	<input type="checkbox"/> Delete
NAME	BOE, JEAN	
STREET ADDRESS	5800 OVERSEAS, #7	
CITY-ST-ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CRE037 (9/99)

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.

SIGNATURE:

Charlotte Pierce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00 305.743.4844