


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 25, 2004 8:00 am
Secretary of State**

05-25-2004 90002 039 ***150.00

DOCUMENT # *N07973*
1. Entity Name
Gulfside Village Condominium Association, Inc



24076962

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5800 Overseas Highway
Suite, Apt. #, etc.

3. Mailing Address
43 72nd Street, Ocean
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Marathon

City & State
Marathon

Zip
33050

Country
Monroe

Zip
FL

Country
33050

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *ANN BLYTHE* (NOTE: Registered Agent signature required when reinstating)

DATE *5-13-04*

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Paula Nardone 5800 Overseas Highway Marathon, FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Brue Freeman 5800 Overseas Highway Marathon, FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brigid Fowler 5800 Overseas Highway Marathon, FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jan Howard 5800 Overseas Highway Marathon, FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Jean Boe 5800 Overseas Highway Marathon, FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann Blythe* Date *5-14-04* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR