


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90291 019 \*\*\*\*61.25

<b>DOCUMENT # N07973</b>			
1. Entity Name GULFSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5800 OVERSEAS HWY MARATHON, FL 33050 US		Mailing Address 5800 OVERSEAS HWY SUITE 6 MARATHON FL 33050	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TOM & ANN BLYTHE 43 72ND ST, OCEAN MARATHON, FL 33050		Name: <i>Marlene Morato</i> Street Address (P.O. Box Number is Not Acceptable): <i>5800 Overseas Hwy</i> <i>Ste 6</i> City: <i>Marathon</i> FL Zip Code: <i>33050</i>	
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: <i>M Morato</i>		DATE:	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P	NAME: NARDONE, PAULA STREET ADDRESS: 5800 OVERSEAS HIGHWAY CITY-ST-ZIP: MARATHON, FL 33050	TITLE: S	NAME: <i>5</i> Green STREET ADDRESS: <i>5800 Overseas Highway</i> CITY-ST-ZIP: <i>Marathon FL 33050</i>
TITLE: S	NAME: FREEMAN, BRUE STREET ADDRESS: 5800 OVERSEAS HIGHWAY CITY-ST-ZIP: MARATHON, FL 33050	TITLE:	NAME:
TITLE: VP	NAME: FOWLER, BRIGID STREET ADDRESS: 5800 OVERSEAS HIGHWAY CITY-ST-ZIP: MARATHON, FL 33050	TITLE:	NAME:
TITLE: T	NAME: HOWARD, JAN STREET ADDRESS: 5800 OVERSEAS HIGHWAY CITY-ST-ZIP: MARATHON, FL 33050	TITLE:	NAME:
TITLE: BDM	NAME: BOE, JEAN STREET ADDRESS: 5800 OVERSEAS HIGHWAY CITY-ST-ZIP: MARATHON, FL 33050	TITLE:	NAME:
TITLE:	NAME:	TITLE:	NAME:
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Paula Nardone</i>		Date: <i>04/26/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	