

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90219 050 \*\*\*\*61.25

**DOCUMENT # N07973**



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

Principal Place of Business

**5800 OVERSEAS HWY  
MARATHON FL 33050  
US**



Mailing Address

**GULFSIDE VILLAGE  
C/O Tom Blythe  
43 72nd Street, Ocean  
Marathon, FL 33050**

**11015906**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2778194**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GULFSIDE VILLAGE  
C/O Tom Blythe  
43 72nd Street, Ocean  
Marathon, FL 33050**

7. Name and Address of New Registered Agent

Name **TOM & ANN BLYTHE**  
Street Address (P.O. Box Number is Not Acceptable)  
**43 72ND, ST OCEAN**  
City **MARATHON** FL Zip Code **33050**

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

*Tom Blythe*

*Tom Blythe*

**1-23-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>SHINN, GERALD</b>	
STREET ADDRESS	<b>5800 OVERSEAS HWY, # 23</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>FOWLER, BRIGID</b>	
STREET ADDRESS	<b>5800 OVERSEAS HWY #15</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, GLENN</b>	
STREET ADDRESS	<b>5800 OVERSEAS HWY #4</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>FREEMAN, BRUCE</b>	
STREET ADDRESS	<b>5800 OVERSEAS HIGHWAY #16</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>BOE, JEAN</b>	
STREET ADDRESS	<b>5800 OVERSEAS, #7</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAULA MARDONE</b>	
STREET ADDRESS	<b>5800 OVERSEAS HWY # 17</b>	
CITY-ST-ZIP	<b>MARATHON, FL 33050</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Tom Blythe* **REQUIRED**

**1-23-03 305 844-7705**

CR2E037 (10/02)