

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90089 037 ****61.25

DOCUMENT # N09628

1. Entity Name

GULFSIDE BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O JUDITH BAIRD
427 CASEY KEY RD.
NOKOMIS FL 34275-3306

Mailing Address

C/O JUDITH BAIRD
427 CASEY KEY RD.
NOKOMIS FL 34275-3306



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2642647

Applied For

Not Applicable

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

BAIRD, JUDITH
427 CASEY KEY RD.
NOKOMIS FL 34275

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

SIGNATURE

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
Due By May 1, 2006

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	D	<input checked="" type="checkbox"/> Delete
NAME	BOGGS, MIKE	
STREET ADDRESS	2348 ARMOR CT.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAIRD, RON	
STREET ADDRESS	427 CASEY KEY	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	VP T D	<input type="checkbox"/> Delete
NAME	PALMERI, CHARLES	
STREET ADDRESS	1037 S. TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL 34328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIXON, LORAIN	
STREET ADDRESS	1200 S.W. 20TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOGGS, DOLLIE	
STREET ADDRESS	2348 ARMOR CT.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKOGSTAD, SAM	
STREET ADDRESS	5241 GLENRIDGE DRIVE	
CITY-ST-ZIP	ATLANTA GA 30342	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Wykstra	
STREET ADDRESS	2162 Muskogee Trail	
CITY-ST-ZIP	Nokomis, FL. 34275	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Edwards	
STREET ADDRESS	7680 Camden Harbour Dr.	
CITY-ST-ZIP	Bradenton, FL. 34212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucy Hoermann	
STREET ADDRESS	915 MacEwen Dr.	
CITY-ST-ZIP	Osprey, FL. 34229	
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 exemptions contained in Section 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:

Charles J. Palmeri

Apr 4 '06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Expires