

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09628

FILED
Apr 26, 2009
Secretary of State

Entity Name: GULFSIDE BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

427 CASEY KEY RD
NOKOMIS, FL 342753306

New Principal Place of Business:

Current Mailing Address:

427 CASEY KEY RD
NOKOMIS, FL 342753306

New Mailing Address:

FEI Number: 59-2642647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAREN ARMSTRONG
412 CASEY KEY RD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WYKSTRA, RON
Address: 2162 MUSKOGEE TR
City-St-Zip: NOKOMIS, FL 34274

Title: D () Delete
Name: EDWARDS, DALE
Address: 7680 CAMDEN HARBOUR DR
City-St-Zip: BRADENTON, FL 34212

Title: VP () Delete
Name: PALMERI, CHARLES
Address: 1127 MALLARD MARSH DR
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: HOERMANN, LUCY
Address: 385 N POINT RD #605
City-St-Zip: OSPREY, FL 34229

Title: P () Delete
Name: BOGGS, DOLLIE
Address: 2204 HERITAGE DR
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: SMITH, FAINE
Address: 2030 CASEY KEY RD
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARGOLIN, GENE
Address: 320 BAYSHORE DR
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PALMERI, CHARLES
Address: 1127 MALLARD MARSH DR
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN ARMSTRONG

MGR

04/26/2009

Electronic Signature of Signing Officer or Director

Date