## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 91231 024 \*\*\*\*61.25

Trust Fund Contribution.   Added to Fees   Fiorida Department of State      10	1. Entity Nam	MENT # N15919 THE GULF HOME OWNE	RS ASSOCIATION,			05-03-2004 912:	31 024 **:	**61.25
Suite, Apt. 1, occ.  Sp. 1817867	C/O HOWARD 19916 GULF	BERRY BLVD #6	13799 PARK BLVD. #1					
Short	19918 Gulf Blud #3 19918 Gulf Blu				3			
S. NOOK, LINDA 19916 GULF BLVD #3 INDIAN ROCKS BEACH, FL 33785  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 or registered agent.  Signature Spruce, toped or prised name of registered agent and time ( approache)  Filling Fee is \$61.25 Due by May 1, 2004  PD. Signature, toped or prised name of registered agent and time ( approache)  Trust Fund Contribution.   \$5.00 May Be Added to Fees Due by May 1, 2004  Filling Fee is \$61.25 Due by May 1, 2004  PD. Signature Spruce S	India	an Shores FL	Indian J		59-181786	_	\$8.75 Add	Applicable tional
SNOOK, LINDA 19918 GULF BLVD #3 INDIAN ROCKS BEACH, FL 33785    City   FL   Zip Code	331	6. Name and Address of Current I	Registered Agent		7. Name and Add	ess of New Registered		
INDIAN ROCKS BEACH, FL 33785    City   FL   Zip Code								
Both above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Syndum, breed or printed name of registered agent and little if application.  (NOTE Registered Agent signature required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filling Fee is \$61.25  Due by May 1, 2004  9. Election Campaign Financing Addition Financing Financing Addition Financing Addition Financing Addition Financing Addition Financing Addition Financing Addition Financing Financing Addition Financing Financing Addition Financing Financing Addition Financing Fi								
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SIGNATURE   Signature, lyead or printed name of registered agent and bits if applicable   More Registered Agent signature required vener reinstating)   DATE			the purpose of changing its re	egistered office or	registered agent, or both, in	he State of Florida. I am	familiar with,	and accept
### Stignature, hyaed on princed reare of regulatered apport and Marie # applicable.  ### PILING Foe is \$81.25   Due by May 1, 2004	·	•						
Due by May 1, 2004   Trust Fund Contribution.   Added to Fees   Florida Department of State		Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating)	DATE		
TITLE   CHange   Delete   TITLE   Dele	i i i i i i i i i i i i i i i i i i i	Due by May 1, 2004			\$5.00 May Be Added to Fees			- 1
NAME: STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609  Delete TITLE NAME MULLEY, VIVÎAN SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614  TITLE NAME SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614  TITLE NAME SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614  TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP NAME CUERVO, RON SIREET ADDRESS CITY-ST-ZIP TITLE NAME CUERVO, RON SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE TIT	10.	OFFICERS AND DIF	<b>.</b> .		ADDITIONS/CHANGE	S TO OFFICERS AND DI		
TITLE NAME MULLEY, VIVÎAN SIREET ADDRESS CITY-ST-ZIP TITLE VPD Delete	NAME STREET ADDRESS	BERRY, HOWARD 4202 BEACHWAY DRIVE	, Delete	NAME STREET ADDRESS			LI Change	LT ACCIDION
TITLE STD Delete STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785 CITY-ST-ZIP Delete IIILE PD CLERVO, RON STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 Delete IIILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE DELETE DELE	TITLE NAME STREET ADDRESS	BDM MULLEY, VIYÎAN 3012 W BROAD ST	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP  TIFLE  INAME STREET ADDRESS CITY-ST-ZIP  TIFLE  NAME STREET ADDRESS CITY-ST-ZIP  1. 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 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	NAME STREET ADDRESS	CUERVO, RON 514 2ND AVE SE	□ Delete	NAME STREET ADDRESS	PD Ron Cueruo 514 220 Ave	SE 73549	Change Change	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	NAME STREET ADDRESS		☐ Delete	name Street address			Change	Addition
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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	NAME STREET ADDRESS	-	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition
, 11. 1. H	indicated of the cor	I on this report or supplemental report is reporation or the receiver or trustee empo	s true and accurate and that mo owered to execute this report a	v signature shall ha	ave the same legal effect as i	t made under oath; that I	am an officer	or director
SIGNATURE:    SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR   Date   Daytone Phone #	SIGNAT	FURE: SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	4	30104 Date	Daytime Phone #	