

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90425 041 ****61.25

DOCUMENT # N22555

1. Entity Name

GULF BEACH PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3402 GULF DR
 HOLMES BCH FL 34217
 US

Mailing Address

602 HAMPSHIRE LN
 PALM ISLE OF ANNA MARIA INC.
 HOLMES BEACH FL 34217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2907783

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

VINTAGE, MICHAEL
 602 HAMPSHIRE LN
 PALM ISLE OF ANNA MARIA, INC.
 HOLMES BEACH FL 34217

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.

SIGNATURE

VINTAGE, MICHAEL

04-23-01

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
D LOHOETTER, HORST
IM KANTELACHES 32
HEPPENHEIM, GERMANY 64646

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
D HOSTERT, BURGHARD
UNNAER LANDSTRASSE 115 B
MENDEN, GERMANY 58708

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
Horley, lan
98 Sparrowhawk Way
Hartford Huntingdon Cambs PE29 1XY
Great Britain

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
D LUEBKE, RITA
AM ENTENPTUHL 4
50165 KOEIN GERMANY

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. LUEBKE

Date

April 23, 2001 + 49/221-5907565

Daytime Phone #

CR2E037 (10/00)