

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

1026605
Gulfside Villa Condominium Association, INC.

Principal Place of Business

Mailing Address

14259 Perdido Key Dr 2D
Pensacola FL 32507

3. Date Incorporated or Qualified

5-25-88

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. *Same*

26. *Same*

Suite, Apt. #, etc

Suite, Apt. #, etc

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 25

Country

29. 30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jessie M. Murray
17288 Perdido Key Drive
Pensacola, FL 32507

81. Name

Joel Holland

82. Street Address (P.O. Box Number is Not Acceptable)

14259 Perdido Key Dr. #1A

83. City

Pensacola

84. State

FL

85. Zip Code

32507

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

JOEL HOLLAND VP

Joel Holland

6/4/91

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *Carol G. Webb Pres.* ☐ DELETE
NAME
STREET ADDRESS *14259 Perdido Key Dr 2D*
CITY-ST-ZIP *Pensacola FL 32507 D*

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE *Joel Holland VP* ☐ DELETE
NAME
STREET ADDRESS *14259 Perdido Key Dr #1A*
CITY-ST-ZIP *Pensacola FL 32507 D*

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE *Chris Townsend Secretary* ☐ DELETE
NAME
STREET ADDRESS *14259 Perdido Key Dr #1B*
CITY-ST-ZIP *Pensacola FL 32507 D*

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE *Robert Wiebers member of Board* ☐ DELETE
NAME
STREET ADDRESS *14259 Perdido Key #1D*
CITY-ST-ZIP *Pensacola FL 32507 D*

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Carol G. Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL G. WEBB

20 April 96

Date

904-492-9659

Daytime Phone

904-488-9889

CR2E037 (12/95)