


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26605** (8)
1. Corporation Name
GULF SIDE VILLA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 14259 PERDIDO KEY DR., 2D PENSACOLA FL 32507 US	Mailing Address 14259 PERDIDO KEY DR., 2D PENSACOLA FL 32507-9573 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/25/1988	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-2907828	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOLLAND, JOEL 14259 PERDIDO KEY DR., 1A PENSACOLA FL 32507		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME WEBB, CAROL	1.1 TITLE DELETE	1.2 NAME DELETE
STREET ADDRESS 14259 PERDIDO KEY DR #2D	CITY-ST-ZIP PENSACOLA FL 32507	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE VPD	NAME HOLLAND, JOEL	2.1 TITLE PD	2.2 NAME VPD
STREET ADDRESS 14259 PERDIDO KEY DR., 1A	CITY-ST-ZIP PENSACOLA FL 32507	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE STD	NAME TOWNSEND, CHRIS	3.1 TITLE VPD	3.2 NAME VPD
STREET ADDRESS 14259 PERDIDO KEY DR #1B	CITY-ST-ZIP PENSACOLA FL 32507	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME WIEBERS, ROBERT	4.1 TITLE Treas	4.2 NAME Treas
STREET ADDRESS 14259 PERDIDO KEY DR #1D	CITY-ST-ZIP PENSACOLA FL 32507	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE Secretary	5.2 NAME Roland Nantvedt
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS 14259 Perdido #15 Bient LN 6-231	5.4 CITY-ST-ZIP Pensacola FL 32503
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 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: **Joel Holland** REQUIRED

4/17/97 904-436-1671

CP2E037 (9/96)