

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N26605	
1. Entity Name GULF SIDE VILLA CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 13880 PERDIDO KEY DR PENSACOLA, FL 32507 US	Mailing Address 13880 PERDIDO KEY DR PENSACOLA, FL 32507 US



02022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2907828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEUMER, BRENDA 13880 PERDIDO KEY DR PENSACOLA, FL 32507
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**DO NOT WRITE
IN THIS SPACE**

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 of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, CAROL 14259 PERDIDO KEY DR., 2-D PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLAND, JOEL 1834 HYATT DRIVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIEBERS, ROBERT 4255 MANOR ROYAL OAKS, MI 48073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FISHER, ROBERT 8345 FARMINGTON GERMANTOWN, TN 38138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/14/05-80053-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

11 Feb 05
Date

950-458-9392
Daytime Phone #