## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N26605

Apr 26, 2007 Secretary of State

Entity Name: GULF SIDE VILLA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 13880 PERDIDO KEY DR PENSACOLA, FL 32507 US **Current Mailing Address: New Mailing Address:** 13880 PERDIDO KEY DR PENSACOLA, FL 32507 US FEI Number: 59-2907828 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEUMER, BRENDA 13880 PERDIDO KEY DR US PENSACOLA, FL 32507 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WEBB, CAROL WEIBERS, ROBERT Name: Name: 12957 LILLIAN HIGHWAY Address: 4255 MANOR Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: ROYAL OAKS, MI 48073 Title: VD ( ) Delete Title: VD (X) Change ( ) Addition HOLLAND, JOEL Name: FISHER, ROBERT Name: Address: 1834 HYATT DRIVE Address: 4514 SUMMER AVE., STE 9 City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: MEMPHIS, TN 38122 Title: STD () Delete Title: STD (X) Change ( ) Addition WIEBERS, ROBERT HOLLAND, JOEL Name: Name: 5655 HUNTER'S OAK DR. Address: 4255 MANOR Address: City-St-Zip: ROYAL OAKS, MI 48073 City-St-Zip: MILTON, FL 32570 Title: () Delete Title: ( ) Change (X) Addition Name: Name: WEBB, CAROL Address: Address: 12957 LILLIAN HWY. City-St-Zip: City-St-Zip: PENSACOLA, FL 32506 Title: () Delete Title: ( ) Change (X) Addition GILLIGAN, GEORGE Name: Name: 145 TWIN LAKES DR. Address: Address: DOUBLE OAKS, TX 75077 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WEIBERS PD 04/26/2007