

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26605

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** GULF SIDE VILLA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13880 PERDIDO KEY DR  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

14259 PERDIDO KEY DR  
PENSACOLA, FL 32507 US

**Current Mailing Address:**

13880 PERDIDO KEY DR  
PENSACOLA, FL 32507 US

**New Mailing Address:**

**FEI Number:** 59-2907828      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEUMER, BRENDA  
13880 PERDIDO KEY DR  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: WEIBERS, ROBERT  
Address: 4255 MANOR  
City-St-Zip: ROYAL OAKS, MI 48073

Title: VD ( ) Delete  
Name: FISHER, ROBERT  
Address: 4514 SUMMER AVE., STE 9  
City-St-Zip: MEMPHIS, TN 38122

Title: STD ( ) Delete  
Name: HOLLAND, JOEL  
Address: 5655 HUNTER'S OAK DR.  
City-St-Zip: MILTON, FL 32570

Title: D (X) Delete  
Name: WEBB, CAROL  
Address: 12957 LILLIAN HWY.  
City-St-Zip: PENSACOLA, FL 32506

Title: D (X) Delete  
Name: GILLIGAN, GEORGE  
Address: 145 TWIN LAKES DR.  
City-St-Zip: DOUBLE OAKS, TX 75077

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOLLAND, JOEL  
Address: 5655 HUNTER'S OAK DRIVE  
City-St-Zip: MILTON, FL 32570

Title: VP (X) Change ( ) Addition  
Name: FISHER, ROBERT  
Address: 14259 PERDIDO KEY DRIVE 2C  
City-St-Zip: PENSACOLA, FL 32507

Title: S/T (X) Change ( ) Addition  
Name: WEBB, CAROL  
Address: 14259 PERDIDO KEY DRIVE 2D  
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CHERIE J. DEAN

MGR

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date