## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N28716

(1)

GULF ST. PROPERTY OWNERS ASSOCIATION, INC.

FILED										
May	12	1998	8:00am							
Sec	cret	ary of	State							

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Principal Place of Business Mailing Address								,,	1	1 18811181	410 11001	1011110	20111919	4116 4140	/ WINTE WI	fit didii i			
C/O FRANK A. SAVOIE			C/O FRANK A. SAVOIE 101 24TH STREET SW WINTER HAVEN FL 33880			3. Dat	e Incorp	orated	or Qu	alified									
101 24TH STREET SW WINTER HAVEN FL 33880								10/05	/1988	}									
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L											<u>not</u>	<u>appl</u>	<u>ICAB</u>	LE_					plicable
2. 21	Principal Pl	lace of Busi	nėss	2a. Mailing Address 26											B.75 Additional Fee Required				
l.	Sulte, Apt.	·			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 Ma										
22	City & State	State			City & State				<del>†</del>	st Fund						Added t		98	
23	Oily & Oillie	26							7. Is this nonprofit corporation a homeowners association?										
	Zip				Cou	Country			8. This	corpor	ation o	wes or	=				tangil	ble	
24	-	25 29 30			30	8. This corporation owes or has paid the Personal Property Tax due June 30.							Yes No						
	9. Name and Address of Current Registered Agent								10. Nar	me and	Addre	ss of I	lew Re	gistere	ad Age	nt			
							61	Nam	θ										
		RANDALL					82	Stree	1 Addres	ss (P.O. E	Box Nur	nber is	Not A	ceptal	ole)				··
101 24TH STREET SW																			<del></del>
	WINTER HÄVEN FL 33880						83												
						:	84	City								. 8	5 Zip	Code	)
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''	office or re	egistered a	gent, or both, in the State i ith, and accept the obliga	of Florida, Su	ch change was	authorize	d by	the co	orporatio	on's board	d of dire	ctors.	hereb	y acce	pt the a	ippoint	ment as	regis	stered
	-	m tamiliar w	ith, and accept the obliga	tions of, Secti	ion 617.0503, Fi	ori <b>o</b> a Stat	utes	š.											
SI	GNATURE _	Stonature, types	d or printed hanno of registered agen	t and title if applica	able (NOT	E: Registere	d Age	nt signatu	ure required	d when reinst	tating)				DATE				
12			OFFICERS AND			13.					ITIONS/	CHANC	ES TO	OFFIC	CERS A	ND DI	RECTO	RS IN	12
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NA	ME		, Frank a.			1.2 N/	AME												
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	Y-ST-ZIP		R HAVEN FL			1.4 CI		T-ZIP									- <u></u> -		1 4 1505
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	ME	BICKER, RANDALL C.					2.2 NAME												
		ET ADDRESS 101 24TH STREET SW						2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP						! .					
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1	ME Reet address							ADDRESS											
	Y-ST-ZIP					6.4 CI			'										
	. I hereby c	ertify that th	ne information supplied wit	h this filing d	oes not qualify fo	or the exe	empt	tion sta	ated in S	Section 11	9.07(3)	i), Flori	da Sta	tutes. I	further	certify	that the	e intor	mation
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.										m an									