## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # N35860  1. Entity Name GULF STRAND RESORT CONDOMINIUM ASSOCIATION, INC.						05-01-200	06 90309 (	045 ****6	1.25	
Principal Plac 4510 GULF E ST. PETERSE		Mailing Address TOTAL REALTY SVC. 16401 GULF BLVD. SAINT PETERSBURG,	FL 3370	8		100    11 201		EBH EHTH FIBLL B		
_	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt, #, etc.	Same as about							
Gaile, Apt.	· #, O.G.	Suite, Apt. #, etc.				02142006	Chg-NP	CR2E	37 (11/05)	
City & State		City & State			4. FEI Number 59-298821				<del></del>	oplied For ot Applicable
Zip	. Country	Zip	Cou	intry		5. Certificate o	f Status Desired	; 🗆	\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent		[ · · · · · · · · · · · · · · · · · · ·		7. Name and	Address of Nev	v Registered	Agent	
TOTAL RĚ	ALTY SVC.			Name						
13030 GUI					Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Cod	9
8. The above	e named entity submits this statement tions of registered agent.	or the purpose of changing	its register	ed office or i	register	ed agent, or both	, in the State of	Florida. I am	familiar with,	and accept
the obligat	lions of registered agent.	_								
SIGNATURE .		pore tre	<u>sid.</u>	ent-				4-19	3-06	
	Signature, typed or printed name of registered age	st cod title if confinence of the	OTE: December							
		it and the it applicable.	OTC. REGISTER	a Agent signatur	re required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election C		inancing		\$5.00 May Be Added to Fees	F		k payable t	
10.	Filing Fee is \$61.25	9. Election C Trust Fund	ampaign F	inancing		\$5.00 May Be Added to Fees	F	lorida Depa	rtment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2006	9. Election C Trust Fund	ampaign F	inancing ion.	□ Sec	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFI	OFICE AND D	rtment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE:

SAINT PETERSBURG, FL 33711

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06

Daytime Phone #