

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N40924 (5)

1. Corporation Name

GULFSIDE BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

43 MIRACLE STRIP PARKWAY  
FT. WALTON BEACH FL 32548

43 MIRACLE STRIP PKWY  
FT WALTON BCH FL 32548  
US



3. Date Incorporated or Qualified  
10/26/1990

3a. Date of Last Report  
03/01/1995

4. FEI Number  
59-2150142

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 671 Nautilus Court  
Suite, Apt. #, etc.

2a. Mailing Address  
26 676 Santa Rosa Blvd.  
Suite, Apt. #, etc.

22 City & State  
23 Ft. Walton Beach, FL  
24 Zip 32548

27 City & State  
28 Ft. Walton Beach, FL  
29 Zip 32548

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CENTURY 21 JOHN W. BROOKS REALTY, INC.  
43 MIRACLE STRIP STRIP PARKWAY  
FORT WALTON BEACH FL 32548

81 Name  
Abbott Resorts, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
676 Santa Rosa Blvd.  
83  
84 City  
Ft. Walton Beach, FL

85 Zip Code  
32548

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
WRIGHT, VIRGINIA  
21464 LOONEY RD  
ATHENS AL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
DV  
Wright, Virginia  
21464 Looney Road  
Athens, AL 35611

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
KELLY, HOWARD  
206 KIDD STREET  
FORT WALTON BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
DP  
Gilbert, Harold  
654 South Crest Road  
Chattanooga, TN 37404

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BEDNAR, MARLYN  
721 GULLFISH DRIVE  
FORT WALTON BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
DTS  
Roxanne Read  
24 Misty Water Lane  
Mary Esther, FL 32569

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
900001904919  
-07/25/96--01100--030  
\*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (3/96)