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Jun 27 1997 8:00am  
Secretary of State

**NON PROFIT CORPORATION ANNUAL REPORT 1997**

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

DOCUMENT # **N40924**

1. Corporation Name

**GULFSIDE BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**671 Nautilus Ct. 676 Santa Rosa Blvd.**  
**Ft. Walton Beach, FL 32548 Ft. Walton Bch, FL**  
**32548-6061**

**NON PROFIT**

3. Date Incorporated or Qualified **10/26/1990** 3a. Date of Last Report **07/25/1996**

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**ABBOTT RESORTS INC.**  
**676 SANTA ROSA BLVD.**  
**Ft. WALTON BEACH, FL 32548**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **6/12/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WRIGHT, VIRGINIA</b>	1.2 NAME	<b>QUIGLEY, MICHAEL</b>
STREET ADDRESS	<b>21464 LOONEY RD</b>	1.3 STREET ADDRESS	<b>671 NAUTILUS COURT, #401</b>
CITY-ST-ZIP	<b>ATHENS, AL35611</b>	1.4 CITY-ST-ZIP	<b>FORT WALTON BEACH, FL 32548</b>
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DTS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GILBERT, HAROLD</b>	2.2 NAME	<b>HENNESSY, CHERYL</b>
STREET ADDRESS	<b>654 SOUTH CREST ROAD</b>	2.3 STREET ADDRESS	<b>313 DEERWOOD LANE</b>
CITY-ST-ZIP	<b>CHATTANOOGA, TN 37404</b>	2.4 CITY-ST-ZIP	<b>BRENTWOOD, TN 37027</b>
TITLE	<b>DTS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>READ, ROXANNE</b>	3.2 NAME	<b>READ, ROXANNE</b>
STREET ADDRESS	<b>24 MISTY WATER LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARY ESTHER, FL 32569</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>WHITFIELD, RON</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>c/o ABBOTT RESORTS</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>676 SANTA ROSA BLVD.</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>FORT WALTON BEACH, FL 32548</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>000002225740</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>-06/30/97--01002--003</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6/12/97** (1904) 243-3191

CR2E034 (9/96)