

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40924 (5)**  
1. Corporation Name  
**GULFSIDE BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>671 NAUTILUS CT. FT. WALTON BEACH FL 32548</b>	Mailing Address <b>676 SANTA ROSA BLVD. FT WALTON BCH FL 32548-6061 US</b>
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3. Date Incorporated or Qualified <b>10/26/1990</b>	
4. FEI Number <b>59-2150142</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**ABBOTT RESORTS, INC.  
676 SANTA ROSA BLVD.  
FORT 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 <b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DV <input type="checkbox"/> DELETE
NAME	QUIGLEY, MICHAEL
STREET ADDRESS	671 NAUTILUS COURT, #401
CITY-ST-ZIP	FORT WALTON BEACH FL 32548
TITLE	DTS <input type="checkbox"/> DELETE
NAME	HENNESSY, CHERYL
STREET ADDRESS	313 DEERWOOD LANE
CITY-ST-ZIP	BRENTWOOD TN 37027
TITLE	DP <input type="checkbox"/> DELETE
NAME	READ, ROXANNE
STREET ADDRESS	24 MISTY WATER LANE
CITY-ST-ZIP	MARY ESTHER FL 32569
TITLE	DS <input type="checkbox"/> DELETE
NAME	WHITFIELD, RON
STREET ADDRESS	C/O ABBOTT RESORTS, 676 SANTA ROSA BLVD
CITY-ST-ZIP	FORT WALTON BEACH FL 32548
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	QUIGLEY, MICHAEL
1.3 STREET ADDRESS	671 NAUTILUS COURT, #401
1.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	READ, ROXANNE
3.3 STREET ADDRESS	24 MISTY WATER LANE
3.4 CITY-ST-ZIP	MARY ESTHER, FL 32569
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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 REQUIRED

CR2E037 (10/97)