## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # N40924**

1. Corporation Name

GULFSIDE BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

671 NAUTILUS CT.

FT. WALTON BEACH FL 32548

Mailing Address

676 SANTA ROSA BLVD. FT WALTON BCH FL 32548-6061

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90076 021 \*\*\*\*61.25

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		•			
2. Principal P	lace of Business	2a. Mailing Address		Date Incorporated or Qualified	
21	acc of Business	26 671 NAUTI	LUS CT	10/26/1990	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For	
22	4.	27		59-2150142 Not Applical	ble
City & Stat	8	City & State 28 FT WALTON A	BEACH	5. Certificate of Status Desired	
Zip	Country	Zip	Country	6. Election Campaign Financing \$5.00 May Be	
24	25	29 32548 30	<u> </u>	Trust Fund Contribution Added to Fees	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
676 SANT	resorts, Inc. Fa rosa BLVD. Lton Beach Fl 32548			ddress (P.O. Box Number is Not Acceptable)  H M I racl 2 Strip  R St Zip Code	
			Fc	of halter Bouch FL 3254	8
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named c	orporation submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered	∌d
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 617.0503, Florida	a Statutes.	2	
SIGNATURE	Rus has	Rona	1d 5 5	horas 1-8-99	
		and title if applicable. (NOTE: Re	egistered Agent signature rec	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
12.	PD SFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	QUIGLEY, MICHAEL	□ pereie	1.1 IIILE 1.2 NAME	_ Criungo	
NAME OTDEST ADODESO	671 NAUTILUS COURT, #401		1.3 STREET ADDRESS		
STREET ADDRESS	FORT WALTON BEACH FL 3254	8	1.4 CITY-ST-ZIP	_	
CITY-ST-ZIP TITLE	DTS	[[]KELETE		DTS Stee (alda calli Change Add	dition
NAME	HENNESY, CHERYL	<b>A</b>	2.2 NAME	) coc condensor	
STREET ADDRESS	313 DEERWOOD LANE		2.3 STREET ADDRESS	671 nautilis ct # 50)	
CITY-ST-ZIP	BRENTWOOD TN 37027		2. 4 CITY-ST-ZIP	Fort walter 13 rach P1 32548	
TITLE	VD	ID DELETE		Thansa Ado	dition.
NAME	READ, ROXANNE		3.2 NAME	JUNY ISYING KIRY	
STREET ADDRESS	24 MISTY WATER LANE	,	3.3 STREET ADDRESS	127 W John SIM PRAM	
CITY-ST-ZIP	MARY ESTHER FL 32569		3.4. CITY+ST-ZIP	Calparasso, F1 32580	
TITLE	DS	DELETE	4.1 TITLE	D/ Defiange Add	dition
NAME	WHITFIELD, RON		4. 2 NAME	Ronald J Shorey 42 mirede 5	٠٠٠;
STREET ADDRESS	C/O ABBOTT RESORTS, 676 SA		4.3 STREET ADDRESS	c/U Brooks , Shore Eassec, Awalton G	- · · ·
CITY-ST-ZIP	FORT WALTON BEACH FL 3254		4.4 CITY-ST-ZIP		325
TITLE	•	☐ DELETE	5.1 TITLE	☐ Change ☐ Add	awon
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
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TITLE		☐ DELETE	6.2 NAME	☐ Citange ☐ Auc	JUUII
NAME					
STREET ADDRESS		•	6.3 STREET ADDRESS		
CITY-ST-ZIP * .	e promote the contract of	·	6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE: