


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N40924 1. Entity Name GULFSIDE BEACH CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 671 NAUTILUS CT. FT. WALTON BEACH, FL 32548	Mailing Address 671 NAUTILUS CT. FT. WALTON BEACH, FL 32548 US
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2150142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROOKS, SHOREY & ASSOCIATES 43 MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**


9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIGLEY, MICHAEL 671 NAUTILUS COURT, #401 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CALDARELLI, STEVE 671 NAUTILUS CT #501 FT WALTON BCH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RILEY, JUDY B 127 W JOHN SIMS PKWY VALPARAISO, FL 32580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHOREY, RONALD 43 MIRACLE STRIP FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/04-80010-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL E. Quigley

1/9/04

850 585 4699