

# **- 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90047 015 \*\*\*\*61.25

<b>DOCUMENT # N40924</b> 1. Entity Name <b>GULFSIDE BEACH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>671 NAUTILUS CT. FT. WALTON BEACH, FL 32548</b>			Mailing Address <b>671 NAUTILUS CT. FT. WALTON BEACH, FL 32548 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <del>59-2850442</del> <b>59-2850442</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BROOKS, SHOREY &amp; ASSOCIATES 43 MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>QUIGLEY, MICHAEL</b> <b>671 NAUTILUS COURT, #401</b> <b>FORT WALTON BEACH, FL 32548</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS <b>CALDARELLI, STEVE</b> <b>671 NAUTILUS CT #501</b> <b>FT WALTON BCH, FL 32548</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>RILEY, JUDY B</b> <b>127 W JOHN SIMS PKWY</b> <b>VALPARAISO, FL 32580</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>Terri W. Fedonczak</b> <b>127 W John Sims Parkway</b> <b>Valparaiso, FL 32580</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <b>SHOREY, RONALD</b> <b>43 MIRACLE STRIP</b> <b>FORT WALTON BEACH, FL 32548</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Barbara Wilkey</b> <b>7272 Mountain Ash</b> <b>Memphis, TN 38125</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Robert Bleckin</b> <b>355 Caraway Cove</b> <b>Memphis, TN 38117</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Michael E. Quigley</b> <i>[Signature]</i> <b>2/3/05 8505554899</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					