

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N40924	
1. Entity Name GULFSIDE BEACH CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 671 NAUTILUS CT. FT. WALTON BEACH, FL 32548	Mailing Address 671 NAUTILUS CT. FT. WALTON BEACH, FL 32548 US



01162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2850442

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000791402
01/23/08-80074-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD QUIGLEY, MICHAEL 671 NAUTILUS COURT, #401 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALDARELLI, STEVE 671 NAUTILUS CT #501 FT WALTON BCH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FEDONCZAK, TERRI W 127 WEST JOHN SIMS PARKWAY VALPARAISO, FL 32580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKEY, BARBARA 7272 MOUNTAIN ASH MEMPHIS, TN 38125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLECKIN, ROBERT 355 CARAWAY COVE MEMPHIS, TN 38117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E Quigley

Date

1/18/08

Daytime Phone #

850 585 4699