

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90078 025 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2150142**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BROOKS, SHOREY & ASSOCIATES
43 MIRACLE STRIP PKWY
FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<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	CALDARELLI, STEVE	
STREET ADDRESS	671 NAUTILUS CT #501	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RILEY, JUDY B	
STREET ADDRESS	127 W JOHN SIMS PKWY	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SHOREY, RONALD	
STREET ADDRESS	43 MIRACLE STRIP	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 or other like empowered.

SIGNATURE:

Michael Quigley
MICHAEL QUIGLEY

1-903

850 585 46 99

CR2E037 (10/02)