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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

438074 - 90062 - 37

DOCUMENT # **N41293**

1. Corporation Name

THE RESIDENCES OF GULF BOULEVARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2940 GULF BOULEVARD BELLEAIR BEACH FL ~~34635~~ 33786	2940 GULF BOULEVARD BELLEAIR BEACH FL ~~34635~~ 33786

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/17/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARKER, STEVE 2980 GULF BOULEVARD BELLEAIR BEACH FL ~~34635~~ 33786	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DURAN, JOSEPH		1.2 NAME		
STREET ADDRESS	2940 GULF BOULEVARD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH FL 34635		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CASALE, MICHAEL		2.2 NAME		
STREET ADDRESS	2320 TOD NORTHWEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	WARREN OH 44485		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GINEZ, DANIELLE		3.2 NAME		
STREET ADDRESS	386 SHEFFIELD CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		3.4 CITY-ST-ZIP		
TITLE	~~ASD~~	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~CASALE, BARBARA~~ deceased		4.2 NAME		
STREET ADDRESS	~~2320 TOD AVENUE N.W.~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~WARREN OH 44485~~		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, STEVE		5.2 NAME		
STREET ADDRESS	1504 COTSWALD COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	WESTCHESTER PA 19382		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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: X SIGNATURE REQUIRED (PRES.) 4/20/99 (727) 593-3753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #