

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90062 020 ****61.25

DOCUMENT # N44299

1. Entity Name
GULF CLARIDGE APARTMENT ASSOCIATION, INC.



Principal Place of Business
**6767 SUNSET WAY
301
SAINT PETERSBURG BEACH, FL 33706**

Mailing Address
**251 S. ISLE DR
SAINT PETERSBURG BEACH, FL 33706**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2259883	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

**GERMAN, RICHARD W
251 S. ISLE DR.
SAINT PETERSBURG, FL 33706**

**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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOLLENSEN, JAMES
STREET ADDRESS	6767 SUNSET WAY #301
CITY-ST-ZIP	ST PETE BEACH, FL 33706

TITLE	D
NAME	KLINE, RAYMOND
STREET ADDRESS	1374 PINE BLUFF DR
CITY-ST-ZIP	SAINT CHARLES, MO 633048784

TITLE	DST
NAME	BOLLENSEN, PATRICIA
STREET ADDRESS	6767 SUNSET WAY #301
CITY-ST-ZIP	ST PETE BEACH, FL 33706

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 empowered.

SIGNATURE: _____

James S. Bollen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06 127-360-9834
Date Daytime Phone #