

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90065 021 ****61.25

DOCUMENT # N46475

1. Entity Name

FOUR GULF CONDO ASSN., INC.



Principal Place of Business

4 GULF BLVD
204
INDIAN ROCKS BEACH FL 33785
US

Mailing Address

4 GULF BLVD
204
INDIAN ROCKS BEACH FL 33785
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

59-3135212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPPEN, JOSE L.
4 GULF BLVD
UNIT 204
INDIAN ROCKS BEACH FL 33785

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
Due By May 1, 2004

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 ~~PTD~~ ☐ Delete
NAME COPPEN, JOSE L.
STREET ADDRESS 4 GULF BLVD #204
CITY-ST-ZIP INDIAN ROCKS BEACH FL

TITLE ~~VD~~ ☒ Delete
NAME COPPEN, ANN M
STREET ADDRESS 2164 CANYON DRIVE, UNIT L
CITY-ST-ZIP COSTA MESA CA 92627

TITLE ~~VD~~ ☐ Delete
NAME COPPEN, MIRTHA C.
STREET ADDRESS 4 GULF BLVD #204
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~VD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VD~~ ☐ Change ☒ Addition
NAME COPPEN, MIRTHA E
STREET ADDRESS 226 RHODES BLVD
CITY-ST-ZIP BELLE MEAD, NJ

TITLE ~~PTD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE L. COPPEN

01/26/04

727-595-0566