2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N47952

1. Entity Name
GULFSIDE GRAND DUPLEX TOWNHOMES
HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15330 GULF BLVD. MADEIRA BEACH, FL 33708 US	15330 GULF BLVD MADEIRA BEACH, FL 33708 US

DO NOT WRITE IN THIS SPACE

04012008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-3190599	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELINI, DORA
15330 GULF BLVD
MADEIRA BEACH, FL 33708

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

04/15/08-80034-011 61.25

Filing Fee is $61.25 **Due by May 1, 2008**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	VPD
NAME	ANGELINI, DORA
STREET ADDRESS	15330 GULF BLVD
CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	P
NAME	LASKOWSKI, JEFF
STREET ADDRESS	7258 N SR 39
CITY-ST-ZIP	LIZTON, IN 46149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _Dora Angelini_   _4-1-2008_   _813-716-5465_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #