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

Feb 17, 2004 8:00 am Secretary of State DOCUMENT # N94000002891 1. Entity Name 02-17-2004 90046 013 ****61.25 **GULF ISLAND BEACH & TENNIS CLUB CONDOMINIUM** ASSOCIATION I. INC. Principal Place of Business Mailing Address 1050 A EAST LAKE WOODLANDS PKWY OLDSMAR FL 34677 US 1050 A EAST LAKE WOODLANDS PKWY OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3323609 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCANNAVINO, INC. Street Address (P.O. Box Number is Not Acceptable) 1050 A EAST LAKE WOODLANDS PKWY OLDSMAR FL 34677 City 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 Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition BOYCE, PATRICIA NAME NAME 6040 SEA RANCH DRIVE #709 6035 6035 SEA RANCH DRIVE #709 STREET ADDRESS STREET ADDRESS PORT RICHEY FL 34667 CITY-ST-ZIP CITY-ST-7/P HUDSON, FL 34667 TITLE Delete TITLE Change **Addition** KAUFFMAN, LINDA 6035 SEA RANCH DR #904 HUDSON, FL 34667 COHAN, DOUGLAS NAME NAME 6035 SEA RANCH DR #612 STREET ADDRESS STREET ADDRESS PORT RICHEY FL 34667 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Delete TITLE Change Addition BRANSON: VICTOR- --NAME ~ NAME 6035 SEA RANCH DR #900 STREET ADDRESS STREET ADDRESS HUDSON FL 34667 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 received 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED

Daytime Phone #