

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90029 043 ****61.25

DOCUMENT # N94000002891

1. Entity Name
**GULF ISLAND BEACH & TENNIS CLUB CONDOMINIUM
ASSOCIATION I, INC.**



Principal Place of Business
**1050 A EAST LAKE WOODLANDS PKWY
OLDSMAR, FL 34677 US**

Mailing Address
**1050 A EAST LAKE WOODLANDS PKWY
OLDSMAR, FL 34677 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3323609

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SCANNAVINO, INC.
1050 A EAST LAKE WOODLANDS PKWY
OLDSMAR, FL 34677**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE - PD ☒ Delete
NAME BOYCE, PATRICIA
STREET ADDRESS 6035 SEA RANCH DR., #709
CITY-ST-ZIP PORT RICHEY, FL 34667

TITLE SD ☐ Change ☒ Addition
NAME CLINDINNING, ROBERT
STREET ADDRESS 6035 SEA RANCH DR #703
CITY-ST-ZIP HUDSON, FL 34667

TITLE SD ☒ Delete
NAME KAUFFMAN, LINDA
STREET ADDRESS 6035 SEA RANCH DR., #904
CITY-ST-ZIP PORT RICHEY, FL 34667

TITLE TD ☐ Change ☒ Addition
NAME BOWMAN, THOMAS
STREET ADDRESS 6035 SEA RANCH DR #101
CITY-ST-ZIP HUDSON, FL 34667

TITLE TD ☐ Delete
NAME BRANSON, VICTOR
STREET ADDRESS 6035 SEA RANCH DR #900
CITY-ST-ZIP HUDSON, FL 34667

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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

3-15-05

Date

Daytime Phone #