


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90057 002 ****61.25

DOCUMENT # N95000004172		
1. Entity Name GULFVIEW II OWNERS' ASSOCIATION, INC.		

Principal Place of Business 2936 SCENIC DR MIRAMAR BEACH, FL 32550 US	Mailing Address 2936 SCENIC DR MIRAMAR BEACH, FL 32550 US
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40020468



2. Principal Place of Business 2936 Scenic Gulf Drive		3. Mailing Address 2936 Scenic Gulf Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02012005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3314704		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 DAVIS, NICKY MR 2936 SCENIC GULF DRIVE #206 MIRAMAR BEACH, FL 32550		7. Name and Address of New Registered Agent Name: Ron Cundiff President Street Address (P.O. Box Number is Not Acceptable): 2830 Scenic Gulf Drive # 203 City: Miramar Beach FL Zip Code: 32550	

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: Ron Cundiff RON CUNDIFF PRESIDENT 2/5/05
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, NICKY MR	NAME	
STREET ADDRESS	140 NORTH NORTHINGTON STREET #206	STREET ADDRESS	
CITY-ST-ZIP	PRATTVILLE, AL 36067	CITY-ST-ZIP	
TITLE	STD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNDIFF, RON	NAME	Ron Cundiff
STREET ADDRESS	1227 COWINGTON DR.	STREET ADDRESS	1227 Cowington Drive
CITY-ST-ZIP	SALINE, MI 48176	CITY-ST-ZIP	Saline, MI 48176
TITLE	VPD	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, JANE MS	NAME	Frank Rabinovitch
STREET ADDRESS	2305 GARLAND DR	STREET ADDRESS	1050 Lampton Court
CITY-ST-ZIP	BIRMINGHAM, AL 32516	CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jane Lewis
STREET ADDRESS		STREET ADDRESS	2305 Garland Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Birmingham, AL 35216
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Ron Cundiff RON CUNDIFF PRESIDENT 2/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 734-429-4835