## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N95000005756 (0)

GULFCOAST CORPORATE PARK OWNERS ASSOCIATION, INC.

## FILED Mar 27 1998 8:00am Secretary of State

•										
Principal Plac	e of Business	Mailing	Mailing Address				- 1 ABRIHARI DIR IDIRA DINA BONI DDIN DRHA BOHA BOHA BOHA	DI BIILE BIII (BE)		
1111 SRD AVE WEST				1111 3RD AVE WEST				3. Date Incorporated or Qualified		
STE 200 Bradenton FL 34205				STE 200 BRADENTON FL 34205				12/06/1995		
US			US	01112 01000				· · · · · · · · · · · · · · · · · · ·	Applied For	
6 Delmain al D	Name of Division	<del> </del>	I a - 14-10					59-1055499	Not Applicable	
21	2. Principal Place of Business 21			2a. Mailing Address 26				I D. Celtilicate di Status Desired	Additional Required	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00	May Be	
City & State			27						to Fees	
23	3			City & State				7. Is this nonprofit corporation a homeowners association?  Yes No		
Zip	Country		Zip	Zip Coun		intry		8. This corporation owes or has paid the current year	intangible	
24	25		29	<del></del>			Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent						81	Name	10. Name and Address of New Registered Agent		
PARAE	S, GREGORY	.1								
111 THIRD AVENUE WEST						82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34205						83				
						84	City	FL  85   Zi	Code	
11. Pursuant office or reagent. La	to the provision registered agen im familiar with,	s of Sections 617.05 I, or both, in the Stat and accept the obli	502 and 617.150 te of Florida. Sui gations of, Sect	08, Florida Statu ch change was ion 617.0503, Fl	tes, the at authorized orida Stat	pove d by utes	e-named corporation	oration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of the appointment of the appointment of the purpose	its registered as registered	
SIGNATURE .										
	Signature, typed or p	rinted name of registered a				i Ager	nt eignature require	ed when reinstating) DATE		
12.	PD	OFFICERS A	ND DIRECTORS	DELETE	13. 1.1 Til	n e	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
NAME	MILLER, H	INCH D		☐ OLCCIL	1.2 N			C Change	S E MODITION	
STREET ADDRESS 1111 THIRD AVENUE WEST #			#200				ADDRESS			
CITY-ST-ZIP BRADENTON FL 34205			#200			TY- S1	•			
TITLE	VD	<u> </u>		DELETE	2.1 10		1-211	Change	Addition	
NAME	MILLER, C	D				2.2 NAME				
STREET ADDRESS	Add Strong to Many to the second second				•		ADDRESS			
CITY-ST-ZIP BRADENTON FL 34205							T-ZIP			
TITLE	STD			DELETÉ	3.1 Til			☐ Change	Addition	
NAME	COOPER,	DEBRA			3.2 NA	ME		_ •	_	
STREET ADDRESS		D AVENUE WEST	<b>#200</b>		3.3 ST	REET /	ADORESS			
CITY-ST-ZIP	BRADENTO	ON FL 34205			3.4. CI	TY-S	T-ZiP			
TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	4.1 TIT			Change	☐ Addition	
NAME							f	-		
					4.2 N/	AME				
STREET ADDRESS							ADDRESS .			
STREET ADDRESS CITY-ST-ZIP					4.3 ST	REET A				
	<u>.</u>		***	DÉLETE		REET A		· Change	☐ Addition	
CITY-ST-ZIP		***************************************	VII. 8/441 - 1	DÉLETE	4.3 ST 4.4 CM	REET / IY-ST 'LE		Change	☐ Addition	
CITY-ST-ZIP Title			<del></del>	☐ DÉLETE	4.3 ST 4.4 CM 5.1 TM 5.2 NA	reet / ty-st 'Le Me		Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	-	· · · · · · · · · · · · · · · · · · ·	Y	□ DÉLETE	4.3 ST 4.4 CM 5.1 TM 5.2 NA 5.3 ST	reet / Ty-st 'Le .me Reet /	1-ZIP ADDRESS	. Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	-			☐ DÉLETE	4.3 ST 4.4 CM 5.1 TM 5.2 NA	REET / TY-ST LE ME REET / TY-ST	1-ZIP ADDRESS	Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 STI 5.4 CH	REET / TY-ST "LE ME REET / TY-ST LE	1-ZIP ADDRESS			

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

3/20/98

941-748-3422