

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002512

1. Corporation Name

GUMBO LIMBO VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

636 NE 13TH AVE
FT. LAUDERDALE FL 33304
US

Mailing Address

636 NE 13TH AVE
FT. LAUDERDALE FL 33304
US

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90003 047 ****61.25

608304-90003-47



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

59-3508668

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GRAY, JANET
634 NE 13TH AVE
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Janet H Gray

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/14/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
JOHNSTON, MARK
STREET ADDRESS 632 NE 13TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME TD
RYAN, DAVID
STREET ADDRESS 626 NE 13TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME SD
POWERS, ANDREW
STREET ADDRESS 628 NE 13TH
CITY-ST-ZIP FT LAUDERDALE FL 33330

TITLE ☐ DELETE

NAME D
QUINTERO, LEONARDO
STREET ADDRESS 630 NE 13TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME VPD
GRAY, JANET
STREET ADDRESS 634 NE 13TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janet H Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/99

Date

954 768 9067

Daytime Phone #

CR2E037 (5/99)