

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90099 003 ****61.25

DOCUMENT # N97000005558

1. Corporation Name

THE RESIDENCES AT GONDOLA PARK CONDOMINIUM ASSOC
IATION, INC.

Principal Place of Business
200 CAPRI ISLES BOULEVARD
VENICE FL 34292

Mailing Address
200 CAPRI ISLES BOULEVARD
VENICE FL 34292

605394-90006-41



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/30/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0874540

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
630 S. ORANGE AVENUE
SARASOTA FL 34236

81 Name WILLIAM HILDEBRANDT
82 Street Address (P.O. Box Number is Not Acceptable)
200 CAPRI ISLES BLVD
83
84 City VENICE FL 85 Zip Code 34292

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MANSELL, ROBERT
STREET ADDRESS 200 CAPRI ISLES BOULEVARD
CITY-ST-ZIP VENICE FL 34292

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME HILDEBRANDT, BILL
STREET ADDRESS 200 CAPRI ISLES BOULEVARD
CITY-ST-ZIP VENICE FL 34292

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME TOMS, NICHOLAS
STREET ADDRESS 200 CAPRI ISLES BOULEVARD
CITY-ST-ZIP VENICE FL 34292

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR210047 (5/99)