

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000062599

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** AH GULFSIDE DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

8695 COLLEGE PKWY  
STE 2480  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8695 COLLEGE PKWY  
STE 2480  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 59-3655019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOFFMAN, ALFRED JR  
12530 SEMINOLE BEACH RD  
N PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOFFMAN, ALFRED JR  
Address: 12530 SEMINOLE BEACH RD  
City-St-Zip: N PALM BEACH, FL 33408

Title: VD  
Name: HOFFMAN, DAWN  
Address: 12530 SEMINOLE BEACH RD  
City-St-Zip: N PALM BEACH, FL 33408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALFRED HOFFMAN JR

PRES

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date