2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90018 023 ***150.00

DOCUMENT # P03000054520

1. Entity Name
GULF SOUND APARTMENTS, INC.

Principal Place of Business	Mailing Address
2814 GULF DR, APT C HOLMES BEACH, FL 34217	2814 GULF DR, APT C HOLMES BEACH, FL 34217

03072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5916 MARINA DR.	P.O. BOX 449
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holmes Beach, Fl.	City & State: ANNA MARIA, Fl.
Zip: 34217 Country: MANATEE	Zip: 34216 Country: MANATEE

4. FEI Number 20-0037244 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UNGVARSKY, JOSEPH P
~~2814 GULF DR, APT C~~
HOLMES BEACH, FL 34217

7. Name and Address of New Registered Agent

Name: Joseph P. Ungvarsky
Street Address (P.O. Box Number is Not Acceptable): 5916 MARINA DR.
City: Holmes BEACH FL Zip Code 34217

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 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UNGVARSKY, JOSEPH P P O BOX 449 HO~~LMES BEACH~~, FL 34216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Box 449 ANNA MARIA, Fl. 34216	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UNGVARSKY, GARY 268 E MILL ST HORSEHEADS, NY 14845	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #