

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000093397 (5)  
1. Corporation Name  
GULF HARBOUR MANAGEMENT ASSOCIATION, INC.



Principal Place of Business  
2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573

Mailing Address  
% ROBERT E GREENE, FLORIDA LIFESTYLE MGMT.  
1804 CLUBHOUSE DRIVE  
SUN CITY CENTER FL 33573

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3326581	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FLINN, MILT  
2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLINN, MILTON	1.2 NAME	
STREET ADDRESS	2020 CLUBHOUSE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURCHINSKI, FRANK	2.2 NAME	
STREET ADDRESS	5000 BURNT STORE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33955	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSEY, PATRICIA	3.2 NAME	
STREET ADDRESS	767 CORTARO DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BRIAN	4.2 NAME	
STREET ADDRESS	15000 MCREGOR BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICHOROWIC, MATTHEW E	5.2 NAME	
STREET ADDRESS	135 CLINTON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	WHITESBORO NY 13492	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplement to 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MILT FLINN

CR2E034 (10/97)