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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90090 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000093397

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.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1994

4. FEI Number

59-3326581

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 R.C. BEYER, JR.

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

2020 CLUBHOUSE DR.

83

84 City SUN CITY CENTER FL

85 Zip Code

33573

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10 Mar 99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FLINN, MILTON
STREET ADDRESS 2020 CLUBHOUSE DR.
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE SD
NAME TIM OAK
STREET ADDRESS 15000 MCGREGOR BLVD
CITY-ST-ZIP FT-MYERS FL 33955

TITLE VD
NAME KELSEY PATRICIA
STREET ADDRESS 767 CORTARO DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE R.C. BEYER, JR.
1.2 NAME
1.3 STREET ADDRESS 2020 CLUBHOUSE DR.
1.4 CITY-ST-ZIP SUN CITY CENTER, FL. 33573

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

813-634-3311

Daytime Phone #

CR2E034 (11/98)