2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047309

1. Entity Name

GULF SIDE CONDOMINIUM MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1303 S.E. 34TH TERRACE CAPE CORAL FL 33904 1303 S.E. 34TH TERRACE CAPE CORAL FL 33904-4258

2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0839908 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WASSBERG, SHARON M Street Address (P.O. Box Number is Not Acceptable) 1303 S.E. 34TH TERRACE CAPE CORAL FL 33904 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition STD ☐ Delete TITLE TITLE WASSBERG, SHARON M NAME STREET ADDRESS 1303 S.E. 34TH TERRACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE WASSBERG, CURTIS M NAME NAME 1303 S.E. 34TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL 33904 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

1/450berg 2-25-00 941-540-1212

Date Daytime Phone #

FILED

Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90072 006 ***150.00

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