

**FILE NOW: FILING FEE AFTER MAY 1 IS \$166.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 24 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 707324 (0)**

1. Corporation Name

**5400 GULF DRIVE INC A CONDOMINIUM**

Principal Place of Business

Mailing Address

5400 GULF DRIVE  
HOLMES BCH FL 34217  
US

5400 GULF DRIVE  
HOLMES BCH FL 34217  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/20/1964** 3a. Date of Last Report **04/27/1994**  
4. FEI Number **59-1159398** Applied For   
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHELLEY, TONI  
5400 GULF DRIVE, #33  
HOLMES BEACH FL 34217**

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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SHELLEY, TONI
STREET ADDRESS	5400 GULF DRIVE, #33
CITY-ST-ZIP	HOLMES BEACH FL - 34217
TITLE	VD
NAME	BLOW, THELMA STEACY, WM.
STREET ADDRESS	5400 GULF DRIVE, #17 #16
CITY-ST-ZIP	HOLMES BEACH FL - 34217
TITLE	ASD AS
NAME	MAUTE, ALICE LINDSAY, ELIZ.
STREET ADDRESS	5400 GULF DRIVE, #28 #35
CITY-ST-ZIP	HOLMES BEACH FL - 34217
TITLE	SD
NAME	FRIEDMAN, JEANNE ANDERSON, MARY T.
STREET ADDRESS	5400 GULF DR #34 #44
CITY-ST-ZIP	HOLMES BCH FL - 34217
TITLE	TD
NAME	SPAULDING, LAURA
STREET ADDRESS	5400 GULF DR #7
CITY-ST-ZIP	HOLMES BEACH FL - 34217
TITLE	D
NAME	LOGAN, FRED KNDECHEL, ERICH
STREET ADDRESS	5400 GULF DR #37 #32
CITY-ST-ZIP	HOLMES BEACH FL - 34217

1.1 TITLE	AST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAUTE, ALICE	
1.3 STREET ADDRESS	5400 GULF DR. - #29	
1.4 CITY-ST-ZIP	HOLMES BEACH, FL. 34217	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BECKETT, ETTA	
2.3 STREET ADDRESS	5400 GULF DR. - #5	
2.4 CITY-ST-ZIP	HOLMES BEACH, FL - 34217	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	YOUNG, DAVE	
3.3 STREET ADDRESS	3400 GULF DR. - #15	
3.4 CITY-ST-ZIP	HOLMES BEACH, FL - 34217	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95

Daytime Phone #