

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707324 (0)**

1. Corporation Name  
**5400 GULF DRIVE INC A CONDOMINIUM**



Principal Place of Business <b>5400 GULF DRIVE HOLMES BCH FL 34217 US</b>	Mailing Address <b>5400 GULF DRIVE HOLMES BCH FL 34217 US</b>
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3. Date Incorporated or Qualified <b>05/20/1964</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-1159398</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**STERCY, WILLIAM**  
**5400 GULF DR, #16**  
**HOLMES BEACH FL 34217**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LINDSAY, ELIZABETH	
STREET ADDRESS	5400 GULF DRIVE #35	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STACY, WILLIAM	
STREET ADDRESS	5400 GULF DR #16	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CADOGAN, MARY	
STREET ADDRESS	5400 GULF DR, #18	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, MARY T.	
STREET ADDRESS	5400 GULF DR #44	
CITY-ST-ZIP	HOLMES BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPAULDING, LAURA	
STREET ADDRESS	5400 GULF DR #7	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KNDECHEL, ERICH	
STREET ADDRESS	5400 GULF DR #32	
CITY-ST-ZIP	HOLMES BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	ETTA BECKETT
4.4 CITY-ST-ZIP	435 MILLS RD SALINE MI 48176
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	D
6.3 STREET ADDRESS	RICHARD WEINGART
6.4 CITY-ST-ZIP	5400 GULF DR., #13 HOLMES BEACH FL 34217

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary F Cadogan*

3-27-98

CR2E037 (10/97)