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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 707324

1. Corporation Name

5400 GULF DRIVE INC A CONDOMINIUM

Principal Place of Business

5400 GULF DRIVE  
 HOLMES BCH FL 34217  
 US

Mailing Address

5400 GULF DRIVE  
 HOLMES BCH FL 34217  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/20/1964

4. FEI Number

59-1159398

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  DELETE  
 NAME LINDSAY, ELIZABETH  
 STREET ADDRESS 5400 GULF DRIVE #35  
 CITY-ST-ZIP HOLMES BEACH FL

TITLE ~~PD~~  DELETE  
 NAME STEACY, WILLIAM  
 STREET ADDRESS 5400 GULF DR #16  
 CITY-ST-ZIP HOLMES BEACH FL

TITLE TD  DELETE  
 NAME CADOGAN, MARY  
 STREET ADDRESS 5400 GULF DR, #18  
 CITY-ST-ZIP HOLMES BEACH FL

TITLE ~~PD~~  DELETE  
 NAME BECKETT, ETTA  
 STREET ADDRESS 435 MILLS RD  
 CITY-ST-ZIP SALINE MI 48176

TITLE D  DELETE  
 NAME SPAULDING, LAURA  
 STREET ADDRESS 5400 GULF DR #7  
 CITY-ST-ZIP HOLMES BEACH FL

TITLE D  DELETE  
 NAME WEINGART, RICHARD  
 STREET ADDRESS 5400 GULF DR, #13  
 CITY-ST-ZIP HOLMES BEACH FL 34217

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME Steacy, William  
 2.3 STREET ADDRESS 5400 Gulf Dr, #16  
 2.4 CITY-ST-ZIP Holmes Beach, FL 34217

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

4.1 TITLE  Change  Addition  
 4.2 NAME ~~PD~~ Beckett, ETTA  
 4.3 STREET ADDRESS 435 Mills Rd.  
 4.4 CITY-ST-ZIP Saline, MI 48176

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME ~~PD~~ Miller, Sue  
 6.3 STREET ADDRESS 5400 Gulf Dr #40  
 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: CADOGAN, MARY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99 (941-778-6213)  
 Date Daytime Phone #

CR2E037 (11/98)