

THIS INSTRUMENT PREPARED BY
AND RETURN TO:
KEVIN L. EDWARDS, ESQ.
BECKER & POLIAKOFF, P.A.
6230 UNIVERSITY PARKWAY, SUITE 204
SARASOTA, FL 34240

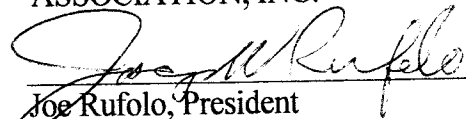
**CERTIFICATE OF REVOCATION
OF
CERTIFICATE OF AMENDMENT REFLECTING THE ADOPTION OF
AMENDED AND DECLARATION OF CONDOMINIUM
AMENDED AND RESTATED ARTICLES OF INCORPORATION
AND
AMENDED AND RESTATED BYLAWS
OF
GULF SHORES, A CONDOMINIUM**

The undersigned officers of Gulf Shores Condominium Association, Inc., a Florida not for profit corporation organized and existing to operate and maintain Gulf Shores, A Condominium, according to the Declaration of Condominium thereof recorded in O.R. Book 953, pages 1548, et seq., Public Records of Sarasota County, Florida, hereby certify that a Certificate of Amendment Reflecting the Adoption of Amended and Restated Declaration of Condominium, Amended and Restated Articles of Incorporation, and Amended and Restated Bylaws was recorded in the Public Records of Sarasota County, Florida, at Instrument #2017030524, et seq., on March 13, 2017. The Association now wishes to revoke this Certificate as it was not properly approved by the membership and reinstate the original recorded Declaration of Condominium, Articles of Incorporation and Bylaws. This Certificate replaces the Amended and Restated Articles of Incorporation filed with the Secretary of State on March 31, 2017.

In witness whereof, the Association has caused this instrument to be executed by its authorized officers this 13 day of October, 2017, at Sarasota County, Florida.

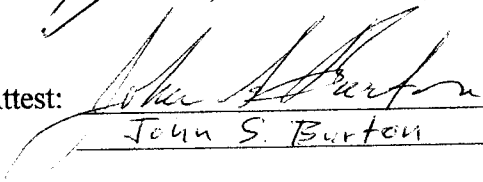
GULF SHORES CONDOMINIUM
ASSOCIATION, INC.

By:



Joe Rufolo, President

Attest:



John S. Burton, Secretary

[Signature]
Witness Signature

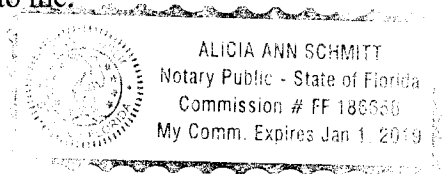
[Signature]
Printed Name

[Signature]
Witness Signature

[Signature]
Printed Name

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this 13th day of October, 2017 by Joe Rufolo, as President and John S. Burton, as Secretary of GULF SHORES CONDOMINIUM ASSOCIATION, INC., a Florida corporation, on behalf of the corporation. They are personally known to me or has produced _____ as identification. If no type of identification is indicated, the above-named person is personally known to me.



Notary Public [Signature]
Printed Name ALICIA ANN SCHMITT
State of Florida
My Commission Expires _____