

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 716364 (5)**

1. Corporation Name  
**GULF HAVEN OWNERS ASSOCIATION, INC.**



Principal Place of Business: **5860 MIDNIGHT PASS ROAD SARASOTA FL 34242**  
Mailing Address: **5860 MIDNIGHT PASS ROAD SARASOTA FL 34242**

3. Date Incorporated or Qualified: **04/14/1969**  
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1427714**  
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**  
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**

**HACKETT, WILLIAM  
5860 MIDNIGHT PASS RD  
SARASOTA FL 34242**

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: WILLIAM HACKETT STREET ADDRESS: 5860 MIDNIGHT PASS RD CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: D NAME: MCOUAT, JAMES STREET ADDRESS: 5860 MIDNIGHT PASS RD CITY-ST-ZIP: SARASOTA, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE: VD NAME: HARRIELL, PATRICIA STREET ADDRESS: 5860 MIDNIGHT PASS RD CITY-ST-ZIP: SARASOTA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: VD 3.2 NAME: ROBERT SONGINI 3.3 STREET ADDRESS: 5860 midnight Pass Rd 3.4 CITY-ST-ZIP: Sarasota, FL 34242
TITLE: TD NAME: BALCH, MILDA STREET ADDRESS: 5860 MIDNIGHT PASS RD CITY-ST-ZIP: SARASOTA, FL 00000	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE: SD NAME: MURRAY, JOANNE STREET ADDRESS: 5860 MIDNIGHT PASS RD CITY-ST-ZIP: SARASOTA, FL 00000	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 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 119.07(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, changed, or on an attachment with an address.

SIGNATURE: *William J. Hackett Pres.* 4/17/96 941-349-2383  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E037 (12/95)