


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1969	3a. Date of Last Report 04/25/1996
4. FEI Number 59-1427714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE SECT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAM HACKETT		1.2 NAME JOHN KOLZ KOWSKI	
STREET ADDRESS 5860 MIDNIGHT PASS RD		1.3 STREET ADDRESS 5860 MIDNIGHT PASS RD	
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP SARASOTA, FL 34242	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCOUAT, JAMES		2.2 NAME TIMOTHY RYAN	
STREET ADDRESS 5860 MIDNIGHT PASS RD		2.3 STREET ADDRESS 5860 MIDNIGHT PASS RD	
CITY-ST-ZIP SARASOTA, FL 00000		2.4 CITY-ST-ZIP SARASOTA, FL 34242	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERT SONGINI		3.2 NAME LOU WOELLNER	
STREET ADDRESS 5860 MIDNIGHT PASS RD		3.3 STREET ADDRESS 5860 MIDNIGHT PASS RD	
CITY-ST-ZIP SARASOTA FL		3.4 CITY-ST-ZIP SARASOTA, FL 34242	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BALCH, MILDA		4.2 NAME	
STREET ADDRESS 5860 MIDNIGHT PASS RD		4.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA, FL 00000		4.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURRAY, JOANNE		5.2 NAME	
STREET ADDRESS 5860 MIDNIGHT PASS RD		5.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA, FL 00000		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: _____ SIGNATURE REQUIRED _____ 8/12/97 941-249-2262

CF2E037 (4/97)