


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

**FILED**  
**Apr 16 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
---	---	---

**DOCUMENT # 716364 (5)**  
 1. Corporation Name  
**GULF HAVEN OWNERS ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
5860 MIDNIGHT PASS ROAD SARASOTA FL 34242		5860 MIDNIGHT PASS ROAD SARASOTA FL 34242	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	04/14/1969	
4. FEI Number	59-1427714	Applied For <input type="checkbox"/> Not Applicable
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	

**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**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAM HACKETT	
STREET ADDRESS	5860 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, TIMOTHY	
STREET ADDRESS	5860 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOELLNER, LOU	
STREET ADDRESS	5860 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BALCH, MILDA	
STREET ADDRESS	5860 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHN KOZI KOWSKI	
STREET ADDRESS	5860 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RYAN, TIMOTHY
2.3 STREET ADDRESS	5860 MIDNIGHT PASS RD
2.4 CITY-ST-ZIP	SARASOTA, FL 34242
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WOELLNER, C. LOU
3.3 STREET ADDRESS	5860 MIDNIGHT PASS RD
3.4 CITY-ST-ZIP	SARASOTA, FL 34242
4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SHIRLEY EDWARDS
4.3 STREET ADDRESS	5860 MIDNIGHT PASS RD
4.4 CITY-ST-ZIP	SARASOTA, FL 34242
5.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN KOZIKOWSKI
5.3 STREET ADDRESS	5860 MIDNIGHT PASS RD
5.4 CITY-ST-ZIP	SARASOTA, FL 34242
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: *William Hackett* **4-10-98 941-344-2383**

CR2E037 (10/97)