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Secretary of State

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

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # 716364

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/14/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1427714	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

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)			
				5100 OCEAN BLVD				
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAM HACKETT			1.2 NAME	HACKETT, WILLIAM		
STREET ADDRESS	5860 MIDNIGHT PASS RD			1.3 STREET ADDRESS	5100 OCEAN BLVD		
CITY-ST-ZIP	SARASOTA FL 34242			1.4 CITY-ST-ZIP	SARASOTA, FL 34242		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYAN, TIMOTHY			2.2 NAME			
STREET ADDRESS	5860 MIDNIGHT PASS RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 00000 34242			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOELLNER, LOU			3.2 NAME			
STREET ADDRESS	5860 MIDNIGHT PASS RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34242			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESWARDS, SHIRLEY			4.2 NAME			
STREET ADDRESS	5860 MIDNIGHT PASS ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 00000 34242			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOZIKOWSKI, JOHN			5.2 NAME			
STREET ADDRESS	5860 MIDNIGHT PASS RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 00000 34242			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 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 all other like empowered.

SIGNATURE: W. William Hackett DATE: 1-14-99 99941-349-2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)