

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90199 036 ****61.25

DOCUMENT # 716364

1. Entity Name

GULF HAVEN OWNERS ASSOCIATION, INC.

LA

Principal Place of Business
5860 MIDNIGHT PASS ROAD
SARASOTA FL 34242

Mailing Address
5860 MIDNIGHT PASS ROAD
SARASOTA FL 34242

00060415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1427714**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMBRUSTER, JERRY S ESO
BECKER & POLIAKOFF, P.A.
630 S ORANGE AVE
SARASOTA FL 34236

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM HACKETT	
STREET ADDRESS	5100 OCEAN BLVD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RYAN, TIMOTHY	
STREET ADDRESS	5860 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOELLNER, LOU	
STREET ADDRESS	5860 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESWARDS, SHIRLEY	
STREET ADDRESS	5860 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOZIKOWSKI, JOHN	
STREET ADDRESS	5860 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ryan Timothy	
STREET ADDRESS	5860-Midnight Pass Rd	
CITY-ST-ZIP	Sarasota FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Maenan	
STREET ADDRESS	5860 midnight Pass Rd	
CITY-ST-ZIP	SARASOTA FL 34242	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Reslover Manager 07/12/01 941 349 2353*

CR2E037 (5/01)