


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90029 050 \*\*\*\*61.25

**DOCUMENT # 716364**

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



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



MOORE CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1427714**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	MURPHY, PAUL	
STREET ADDRESS	5860 MIDNIGHT PASS RD #34	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WOELLNER, LOU	
STREET ADDRESS	5860 MIDNIGHT PASS RD	
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	<b>S</b> D	<input type="checkbox"/> Delete
NAME	PACILIO, PETERSON L	
STREET ADDRESS	5860 MIDNIGHT PASS RD #47	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	O'DONNELL, JIM	
STREET ADDRESS	5860 MIDNIGHT PASS RD #19	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Woellner John</b>	
STREET ADDRESS	<b>5860 midnight pass rd</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Posch Judy</b>	
STREET ADDRESS	<b>5860 midnight pass rd</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Robert R Brown*      **Robert R Brown**      **791-349-2383**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #