


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90028 024 ****61.25

DOCUMENT # 716364					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EDWARDS, KEVIN L ESQ 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, PAUL			NAME	
STREET ADDRESS	5860 MIDNIGHT PASS RD #34			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOELLNER, JOHN			NAME	
STREET ADDRESS	5860 MIDNIGHT PASS RD			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZIKOWSKI, JOHN			NAME	
STREET ADDRESS	5860 MIDNIGHT PASS RD			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACILIO, PETERSON L			NAME	<i>SD Ryan Patricia</i>
STREET ADDRESS	5860 MIDNIGHT PASS RD #47			STREET ADDRESS	<i>5860 midnight pass rd #51</i>
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP	<i>Sarasota FL 34242</i>
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSEH, JUDY			NAME	
STREET ADDRESS	5860 MIDNIGHT PASS RD #19			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1427714 Applied For
Not Applicable

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

FL

*SD Ryan Patricia
5860 midnight pass rd #51
Sarasota FL 34242*