


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90076 024 \*\*\*\*61.25

<b>DOCUMENT # 716364</b>	
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
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1427714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  EDWARDS, KEVIN L EGG BECKER & POLIAKOFF, P.A. 630 S ORANGE AVE SARASOTA, FL 34236	<b>DO NOT WRITE IN THIS SPACE</b>
7. 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)

<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, PAUL 5860 MIDNIGHT PASS RD #34 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOELLNER, JOHN 5860 MIDNIGHT PASS RD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOZIKOWSKI, JOHN 5860 MIDNIGHT PASS RD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYAN, PATRICIA 5860 MIDNIGHT PASS RD #51 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POSEH, JUDY 5860 MIDNIGHT PASS RD #19 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **4/9/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #