## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#766911** 

Entity Name: GULL AIRE VILLAGE ASSOCIATION, INC.

FILED Feb 10, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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151 B GULL AIRE BLVD OLDSMAR, FL 34677

Current Mailing Address: New Mailing Address:

4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US

FEI Number: 59-2252029 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685

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:

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: SCHWIERKING, ROBERT Name: BIRD, RICHARD
Address: 203 TARRINI LANE

 Address:
 622 PELICAN DR. S.
 Address:
 292 TARPIN LANE

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:
 OLDSMAR, FL 34677

Address: 495 LAKE WAY Address: 532 CANAL WAY
City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

Title: SD () Delete Title: SD (X) Change () Addition Name: BURRIGHT, PERRY Name: GRENNAN, LARRY

Address: 84 PELICAN DR. N. Address: 174 MANTA CIRCLE
City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

 Name:
 KAIGHN, JOHN
 Name:
 HOBSON, FRED

 Address:
 266 PELICAN DR. N.
 Address:
 594 CANAL WAY

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:
 OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD BIRD PD 02/10/2004