2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# 766911

Entity Name: GULL AIRE VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

151 B GULL AIRE BLVD
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: BIRD, RICHARD
Address: 292 TARPIN LANE
City-St-Zip: OLDSMAR, FL 34677

Title: VP ( ) Delete
Name: COOPER, RON
Address: 532 CANAL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: SD ( ) Delete
Name: GRENNAN, LARRY
Address: 174 MANTA CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: TD ( ) Delete
Name: HOBSON, FRED
Address: 594 CANAL WAY
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: SCHWIERKING, BOB
Address: 622 PELICAN DRIVE S.
City-St-Zip: OLDSMAR, FL 34677

Title: PD (X) Change ( ) Addition
Name: COOPER, RON
Address: 532 CANAL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: SD (X) Change ( ) Addition
Name: COLLINS, ED
Address: 535 CANAL WAY
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RON COOPER PD 03/15/2005

Electronic Signature of Signing Officer or Director — Date