

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90131 019 ****70.00

DOCUMENT #766911 1. Entity Name GULL AIRE VILLAGE ASSOCIATION, INC.					
Principal Place of Business 151 B GULL AIRE BLVD OLDSMAR, FL 34677			Mailing Address 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. Box 14357 Suite, Apt. #, etc.		
City & State City: Clearwater State: Florida			4. FEI Number 59-2252029		
Zip 33766			Country USA		
5. Certificate of Status Desired ## \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685			7. Name and Address of New Registered Agent Name AMERI-TECH REALTY INC Street Address (R.O. Box Number is Not Acceptable) Michael G Perez 1799-B North Belcher Road City Clearwater, FL Zip Code 33765		
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: <u><i>Michael G. Perez</i></u> Michael G. Perez, President 3/13/06 727-726-8000 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VPS	NAME SCHWIERKING, BOB		TITLE PD	NAME PD	
STREET ADDRESS 622 PELICAN DRIVE S.	CITY-ST-ZIP OLDSMAR, FL 34677		STREET ADDRESS PD	CITY-ST-ZIP PD	
TITLE PD	NAME COOPER, RON		TITLE VPD	NAME Bob Wiseman	
STREET ADDRESS 532 CANAL WAY	CITY-ST-ZIP OLDSMAR, FL 34677		STREET ADDRESS 504 Canal Way	CITY-ST-ZIP Oldsmar, FL 34677	
TITLE SD	NAME COLLINS, ED		TITLE TD	NAME Bob Rose	
STREET ADDRESS 535 CANAL WAY	CITY-ST-ZIP OLDSMAR, FL 34677		STREET ADDRESS 480 Trout Lane	CITY-ST-ZIP Oldsmar, FL 34677	
TITLE TD	NAME HOBSON, FRED		TITLE SD	NAME Judi Puschmann	
STREET ADDRESS 594 CANAL WAY	CITY-ST-ZIP OLDSMAR, FL 34677		STREET ADDRESS 505 Canal Way	CITY-ST-ZIP Oldsmar, FL 34677	
TITLE VPD	NAME Les Johnson		TITLE VPD	NAME Les Johnson	
STREET ADDRESS 313 Bass Court	CITY-ST-ZIP Oldsmar, FL 34677		STREET ADDRESS 313 Bass Court	CITY-ST-ZIP Oldsmar, FL 34677	
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: <u><i>Robert Schuerking</i></u> Robert Schuerking, President 3/14/06 727-726-8000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #					