

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766911

FILED
Mar 07, 2008
Secretary of State

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:

PO BOX 14357
CLEARWATER, FL 33766 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:

AMERI-TECH REALTY INC.
1799-B N BELCHER RD
CLEARWATER, FL 33765 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: JOHNSON, LES
Address: 313 BASS COURT
City-St-Zip: OLDSMAR, FL 34677

Title: VPD () Delete
Name: WISEMAN, BOB
Address: 504 CANAL WY
City-St-Zip: OLDSMAR, FL 34677

Title: SD () Delete
Name: ROSE, BOB
Address: 480 TROUT LN
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: RUBY, RICHARD
Address: 556 DOVE TERR WEST
City-St-Zip: OLDSMAR, FL 34677

Title: VPD (X) Delete
Name: BURRIGHT, PERRY
Address: 84 PELICAN DRIVE NORTH
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: JOHNSON, LES
Address: 313 BASS COURT
City-St-Zip: OLDSMAR, FL 34677

Title: TD (X) Change () Addition
Name: WISEMAN, BOB
Address: 504 CANAL WY
City-St-Zip: OLDSMAR, FL 34677

Title: PD (X) Change () Addition
Name: LARSON, SANDY
Address: 39 PELICAN DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: VPD (X) Change () Addition
Name: BURRIGHT, PERRY
Address: 84 PELICAN DRIVE NORTH
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 exemption stated 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 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: SANDY LARSON

PD

03/07/2008

Electronic Signature of Signing Officer or Director

Date