

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18191

FILED
Apr 20, 2009
Secretary of State

Entity Name: GULFVIEW ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1162 INDIAN HILLS BLVD.
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

1162 INDIAN HILLS BLVD.
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 59-2662771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEYS-CALDWELL, INC
1162 INDIAN HILLS BLVD.
VENICE, FL 34293 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: SUSSMAN, EUGENE
Address: 5891 MADISON ROAD
City-St-Zip: VENICE, FL 34293

Title: SD () Delete
Name: FLEAHMAN, HELEN
Address: 5848 CLEVELAND ROAD
City-St-Zip: VENICE, FL 34293

Title: TD () Delete
Name: CONANT, CHARLES
Address: 5843 ROOSEVELT DRIVE
City-St-Zip: VENICE, FL 34293

Title: VD () Delete
Name: SAUNDERS, GAIL
Address: 5871 CLEVELAND ROAD
City-St-Zip: VENICE, FL 34293

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: VUOLO, NANETTE
Address: 1514 ROOSEVELT DRIVE
City-St-Zip: VENICE, FL 34293

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

Title: VD (X) Change () Addition
Name: CASSATA, JAMES
Address: 1431 ROOSEVELT DRIVE
City-St-Zip: VENICE, FL 34293

Title: D () Change (X) Addition
Name: PILAROWSKI, DUANE
Address: 5864 WILSON ROAD
City-St-Zip: VENICE, FL 34293

Title: D () Change (X) Addition
Name: KOWALSKI, EDMUND
Address: 5856 CLEVELAND ROAD
City-St-Zip: VENICE, FL 34293

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: EUGENE SUSSMAN

PD

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date