

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716364

**FILED**  
**Mar 06, 2015**  
**Secretary of State**  
**CC4293722829**

**Entity Name:** GULF HAVEN OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5860 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**Current Mailing Address:**

5860 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**FEI Number:** 59-1427714

**Certificate of Status Desired:** No

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

PRESTIGIOUS PROPERTY MANAGEMENT  
5860 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242 US

*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:** FREDERICK T. MAPP

03/06/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BEVERIDGE, CHRISTOPHER  
Address       5860 MIDNIGHT PASS RD  
                  UNIT 11  
City-State-Zip: SARASOTA FL 34242

Title           PRESIDENT  
Name           RYAN, PATRICIA  
Address       5860 MIDNIGHT PASS RD  
                  UNIT 51  
City-State-Zip: SARASOTA FL 34242

Title           SECRETARY  
Name           POSCH, JUDY  
Address       5860 MIDNIGHT PASS RD  
                  UNIT 8  
City-State-Zip: SARASOTA FL 34242

Title           BROKER  
Name           MAPP, FREDERICK T  
Address       3120 SOUTHGATE CIRCLE  
City-State-Zip: SARASOTA FL 34239

Title           VP  
Name           PETERSON, LISA  
Address       5860 MIDNIGHT PASS RD.  
                  UNIT 47  
City-State-Zip: SARASOTA FL 34242

Title           DIRECTOR  
Name           JAROS, ROBERT  
Address       5860 MIDNIGHT PASS RD.  
                  UNIT 20  
City-State-Zip: SARASOTA FL 34242

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICIA RYAN

**PRESIDENT**

03/06/2015

Electronic Signature of Signing Officer/Director Detail

Date