## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 716364** 

Entity Name: GULF HAVEN OWNERS ASSOCIATION, INC.

**FILED** Mar 12, 2020 **Secretary of State** 4048066563CC

## **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 3120 SOUTHGATE CIRCLE SARASOTA, FL 34239 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 03/12/2020

Electronic Signature of Registered Agent

Date

City-State-Zip:

Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT** ROWE, JEFFREY PETERSEN, LISA Name Name

5860 MIDNIGHT PASS RD Address 5860 MIDNIGHT PASS RD Address

UNIT 47

SARASOTA FL 34239

City-State-Zip: SARASOTA FL 34242 City-State-Zip: SARASOTA FL 34242

Title **SECRETARY** Title **BROKER** 

Name WINN, STEPHEN Name MAPP, FREDERICK T

5860 MIDNIGHT PASS RD 3120 SOUTHGATE CIRCLE Address Address

UNIT 37

UNIT 03

City-State-Zip: SARASOTA FL 34242

Title **DIRECTOR** Title VΡ

Name BEVERIDGE, CHRISTOPHER Name RYAN, PATRICIA

Address 5860 MIDNIGHT PASS RD Address

5860 MIDNIGHT PASS RD. **UNIT 11** UNIT 51

City-State-Zip: SARASOTA FL 34242 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.

03/12/2020 SIGNATURE: LISA PETERSEN **PRESIDENT**