

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716364

**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:**

PETERSEN, LISA  
5860 MIDNIGHT PASS RD  
UNIT #49  
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:** LISA PETERSEN

04/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name            ROWE, JEFFREY  
Address         5860 MIDNIGHT PASS RD  
                  UNIT 03  
City-State-Zip: SARASOTA FL 34242

Title            PRESIDENT  
Name            PETERSEN, LISA  
Address         5860 MIDNIGHT PASS RD  
                  UNIT 47  
City-State-Zip: SARASOTA FL 34242

Title            SECRETARY  
Name            WINN, STEPHEN  
Address         5860 MIDNIGHT PASS RD  
                  UNIT 37  
City-State-Zip: SARASOTA FL 34242

Title            VP  
Name            VEATCH, TAMARA  
Address         5860 MIDNIGHT PASS RD  
                  UNIT #41  
City-State-Zip: SARASOTA FL 34242

Title            DIRECTOR  
Name            VERCELES, LINDA  
Address         5860 MIDNIGHT PASS RD  
                  UNIT #12  
City-State-Zip: SARASOTA FL 34242

Title            RA  
Name            SPENCE, BRIDGET  
Address         5860 MIDNIGHT PASS ROAD  
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:** BRIDGET SPENCE

**REGISTERED AGENT**

04/11/2023

Electronic Signature of Signing Officer/Director Detail

Date