2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716364

Entity Name: GULF HAVEN OWNERS ASSOCIATION, INC.

FILED Mar 18, 2019 **Secretary of State** 4216700848CC

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 03/18/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT**

BEVERIDGE, CHRISTOPHER RYAN, PATRICIA Name Name

5860 MIDNIGHT PASS RD Address 5860 MIDNIGHT PASS RD Address **UNIT 11**

UNIT 51

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

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

Name POSCH, JUDY Name MAPP, FREDERICK T

5860 MIDNIGHT PASS RD 3120 SOUTHGATE CIRCLE Address Address

UNIT 8 City-State-Zip: SARASOTA FL 34239

City-State-Zip: SARASOTA FL 34242

Title **DIRECTOR** Title VΡ

Name WINN. STEVEN Name PETERSON, LISA

Address 4202 CALLISTA LANE. Address 5860 MIDNIGHT PASS RD.

City-State-Zip: SARASOTA FL 34243 UNIT 47

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.

03/18/2019 SIGNATURE: PATRICIA RYAN **PRESIDENT**