

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 18, 2014
Secretary of State
CC3239713875

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:

LOBECK AND HANSON
2033 MAIN STREET SUITE 403
SARASOTA, FL 34237 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: DANIEL LOBECK

04/18/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SD
Name VAVPASSCHEN, JOHN
Address 5860 MIDNIGHT PASS RD #4
City-State-Zip: SARASOTA FL 34242

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

Title T
Name POSCH, JUDY
Address 5860 MIDNIGHT PASS RD #08
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

04/18/2014

Electronic Signature of Signing Officer/Director Detail

Date