

2024 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

03/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title ASST. SECRETARY
Name SPENCE, BRIDGET
Address 5860 MIDNIGHT PASS ROAD
City-State-Zip: SARASOTA FL 34242

Title VP
Name EDWARDS, TOM
Address 5860 MIDNIGHT PASS ROAD
 UNIT 48
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

ASSISTANT SECRETARY

03/08/2024

Electronic Signature of Signing Officer/Director Detail

Date