

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723481

Entity Name: GULF MARINER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**24701 US HWY 19 NORTH
SUITE 102
CLEARWATER, FL 33763**Current Mailing Address:**24701 US HWY 19 NORTH
SUITE 102
CLEARWATER, FL 33763**FEI Number:** 59-1441559**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWDER, KAREN
24701 US HWY 19 NORTH
SUITE 102
CLEARWATER, FL 33763 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VPD
Name	LARUSSA, MATTHEW
Address	24701 US HWY 19 NORTH SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	DIR
Name	GROSS, KATHY
Address	24701 US HWY 19 NORTH SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	PD
Name	PHILLIPS, LOU
Address	24701 US HWY 19 NORTH SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	TD
Name	GARCIA, MARK
Address	24701 US HWY 19 NORTH SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	SD
Name	BURKLEY, SAM
Address	24701 US HWY 19 NORTH SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	DIR
Name	MCCOLLUM, JACK
Address	24701 US HWY 19 NORTH SUITE 102
City-State-Zip:	CLEARWATER FL 33763

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: LOU PHILLIPS

PD

02/14/2023

Electronic Signature of Signing Officer/Director Detail_____
Date