

2016 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 PD
Name SIERRA, OSCAR
Address 24701 US HWY 19 NORTH
SUITE 102
City-State-Zip: CLEARWATER FL 33763

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

Title TSD
Name SHAVER, CLYDE
Address 24701 US HWY 19 NORTH
SUITE 102
City-State-Zip: CLEARWATER FL 33763

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

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

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

Title DIR
Name SEIDENBERG, DAVID
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: OSCAR SIERRA

PD

04/09/2016

Electronic Signature of Signing Officer/Director Detail

Date