## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008707

Entity Name: GULFVIEW HOMEOWNERS ASSOCIATION, INC.

**FILED** Apr 25, 2021 **Secretary of State** 1788226607CC

## **Current Principal Place of Business:**

9887 4TH STREET NORTH

SUITE 301

SAINT PETERSBURG, FL 33702

## **Current Mailing Address:**

C/O ASSOCIA GULF COAST 9887 4TH ST N SUITE 301 SAINT PETERSBURG, FL 33702 US

FEI Number: 26-0681878 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIA GULF COAST 9887 4TH STREET NORTH **SUITE 301** SAINT PETERSBURG, FL 33702 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: JOHN HENSLEY 04/25/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title VΡ

Name BARTLETT, CATHERINE Name DEZSO, PATRICIA

C/O ASSOCIA GULF COAST C/O ASSOCIA GULF COAST Address Address 9887 4TH ST N SUITE 301

9887 4TH ST N SUITE 301

City-State-Zip: SAINT PETERSBURG FL 33702 City-State-Zip: SAINT PETERSBURG FL 33702

Title **SECRETARY** Title TD

Name HAZELL, MARK Name MALEKNASRI, SIA

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH ST N SUITE 301 9887 4TH ST N SUITE 301

City-State-Zip: SAINT PETERSBURG FL 33702 City-State-Zip: SAINT PETERSBURG FL 33702

Title DIRECTOR RYAN, TRACY Name

C/O ASSOCIA GULF COAST Address

9887 4TH ST N SUITE 301

City-State-Zip: SAINT PETERSBURG FL 33702

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: CATHERINE BARTLETT

**PRESIDENT** 

04/25/2021