

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000000943

**Entity Name:** SARACINA I AT ESPLANADE LAKEWOOD RANCH  
CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 26, 2024**  
**Secretary of State**  
**6009236095CC**

**Current Principal Place of Business:**

2201 CANTU CT  
SUITE 106  
SARASOTA, FL 34232

**Current Mailing Address:**

C/O GULF COAST COMMUNITY MANAGEMENT  
2201 CANTU CT SUITE 106  
SARASOTA, FL 34232 US

**FEI Number: 32-0459246**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GULF COAST COMMUNITY MANAGEMENT, LLC  
2201 CANTU CT  
SUITE 106  
SARASOTA, FL 34232 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:** WILLIAM ASHBY

03/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GERSH, DAVID  
Address        C/O GULF COAST COMMUNITY  
                  MANAGEMENT  
                  2201 CANTU CT SUITE 106  
City-State-Zip: SARASOTA FL 34232

Title            SECRETARY  
Name            APOSTOL, PAUL  
Address        C/O GULF COAST COMMUNITY  
                  MANAGEMENT  
                  2201 CANTU CT SUITE 106  
City-State-Zip: SARASOTA FL 34232

Title            TREASURER  
Name            SALAZAR, NANCY  
Address        C/O GULF COAST COMMUNITY  
                  MANAGEMENT  
                  2201 CANTU CT SUITE 106  
City-State-Zip: SARASOTA FL 34232

Title            ASST. SECRETARY  
Name            ASHBY, WILLIAM  
Address        C/O GULF COAST COMMUNITY  
                  MANAGEMENT  
                  2201 CANTU CT SUITE 106  
City-State-Zip: SARASOTA FL 34232

*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:** WILLIAM ASHBY

**ASST SECRETARY**

**03/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date