

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010692

**Entity Name:** GOLD COAST BAND, INC.

**Current Principal Place of Business:**

827 RIDGE ROAD  
LANTANA, FL 33462

**Current Mailing Address:**

827 RIDGE ROAD  
LANTANA, FL 33462 US

**FEI Number: 81-4396214**

**Certificate of Status Desired: No**

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

WILKEY, MARY  
827 RIDGE ROAD  
LANTANA, FL 33462 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 P  
Name TRUSCELLO, PATRICIA  
Address 829 LAKE AVENUE NORTH  
City-State-Zip: DELRAY BEACH FL 33483

Title VP  
Name CAMPBELL, BRUCE  
Address 4746B CAREFREE TRAIL  
City-State-Zip: WEST PALM BEACH FL 33415

Title T  
Name SPOTT, ROGER  
Address 7316 VALENCIA DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name BURCHELL, MARIE  
Address 3802 EDGAR AVENUE  
City-State-Zip: BOYNTON BEACH FL 33433

Title D  
Name DUFFEY, LYDIA  
Address 24 PORTA VISTA CIRCLE  
City-State-Zip: PALM SPRINGS GARDENS FL 33418

Title D  
Name HAKALA, JANET  
Address 907 SW 7 AVENUE  
City-State-Zip: BOYNTON BEACH FL 33426

Title D  
Name WILKEY, MARY  
Address 827 RIDGE ROAD  
City-State-Zip: LANTANA FL 33462

Title D  
Name WILBANKS, KENNETH  
Address 2543 MARATHON LANE  
City-State-Zip: FT. LAUDERDALE FL 33312

*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: ROGER SPOTT**

**TREASURER**

**02/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date