

705 138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

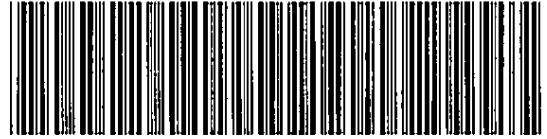
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 SEP 11 AM 10:19

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2020 SEP 11 AM 7:51

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2020

NEAL DOLLAR  
GULF GATE COMMUNITY ASSOCIATION, INC.  
2709 SEASPRAY ST  
SARASOTA, FL 34231

SUBJECT: GULF GATE COMMUNITY ASSOCIATION, INC.  
Ref. Number: 705138

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ITEM #5 MUST STATE THE CURRENT REGISTERED AGENT ON FILE WITH OUR OFFICE. THE PRINTOUT PROVIDED SHOWS THE CURRENT REGISTERED AGENT. PLEASE AMEND ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 020A00015671

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GULF GATE COMMUNITY ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 705138

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Neal Dollar

Name of Contact Person  
GULF GATE COMMUNITY ASSOCIATION, INC.

Firm/Company  
2709 Seaspray St

Address  
Sarasota FL 34231

City/State and Zip Code  
treasurer@ggcaboard.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neal Dollar at ( 941 ) 302-9035  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GULF GATE COMMUNITY ASSOCIATION, INC.  
2. The principal office address: 8388 S. TAMiami TRAIL, SUITE 57, SARASOTA FL 34238

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/01/1963 Document number: 705138

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

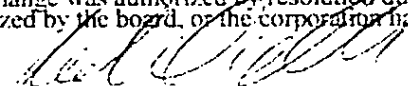
~~Resigned~~ Melanie Goddard  
3116 Post Rd  
Sarasota FL 34231

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John Van Vleet  
8388 S. Tamiami Trail, Suite 57  
Sarasota, FL 34238  
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

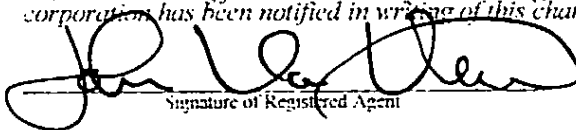
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Neal Doliar, Treasurer

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

6/6/2020  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

2020 SEP 11 AM 10:19