

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90347 049 ****61.25

DOCUMENT # 713805
 1. Entity Name
174 GOLDEN GATE POINT ASSOCIATION, INC.



Principal Place of Business: **174 GOLDEN GATE POINT SARASOTA FL 34236**
 Mailing Address: **4370 S. TAMiami TRAIL #156 SARASOTA FL 34231**

20040692



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

4. FEI Number: **59-1227177**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CASEY CONDOMINIUM MANAGEMENT, LLC
4370 S. TAMiami TRAIL, STE 156
SARASOTA FL 34231

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: VD NAME: HART, JOE STREET ADDRESS: 174 GOLDEN GATE POINT CITY-ST-ZIP: SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete
TITLE: TSD NAME: WEIGEL, BLAIR STREET ADDRESS: 2361 FIESTA DR. CITY-ST-ZIP: SARASOTA FL 34231	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: CLEAVES, PETER STREET ADDRESS: 174 GOLDEN GATE POINT CITY-ST-ZIP: SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: McKenna, Ann STREET ADDRESS: 174 Golden Gate Point, Unit 21 CITY-ST-ZIP: Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: Accardi, Lillian STREET ADDRESS: 174 Golden Gate Point, Unit 22 CITY-ST-ZIP: Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TSD NAME: Weigel, Blair STREET ADDRESS: 3142 DickWilson Dr. CITY-ST-ZIP: Sarasota, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann E. McKenna - Ann E. McKenna 4/20/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #