## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 18, 2006 8:00 am Secretary of State **DOCUMENT # 713805** 1. Entity Name 04-18-2006 90089 048 \*\*\*\*61.25 174 GOLDEN GATE POINT ASSOCIATION, INC. Principal Place of Business Mailing Address 174 GOLDEN GATE POINT 4370 S. TAMIAMI TRAIL #1,56 SARASOTA FL 34236 SARASOTA FL 34231 2. Principal Place of Business 3. Maiting Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1227177 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASEY CONDOMINIUM MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable) wite 102 4370 S. TAMIAMI TRAIL, STE 456-SARASOTA FL 34231 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ▼ Delete TITLE Change TITLE PD MCKENNA, ANN NAME Rue, Diane 174 GOLDEN GATE POINT UNIT 21 STREET ADDRESS STREET ADDRESS P.O. Box 3 SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP <del>Sarasota, FL 34230</del> VD ☐ Addition ■ Delete TITLE ۷D ACCARDI, LILLIAN NAME Hoban, Theresa NAME 174 GOLDEN GATE POINT UNIT 22 STREET ADDRESS 130 S. Canal, Apt. 815 STREET ALIDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP Chicago, IL 60606 X Delete Change ☐ Addition **TSD** TITLE TITLE TSD WEIGEL, BLAIR NAME NAME Hart, Rita 3142 DICKWILSON DR STREET ADDRESS STREET ADDRESS 174 Golden Gate Point, CITY ST-7/P CITY-ST-ZIP SARASOTA FL 34240 Sarasota, FL 34236 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED