


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90039 015 ****61.25

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



Principal Place of Business Mailing Address
174 GOLDEN GATE POINT SARASOTA FL 34236 4370 S. TAMiami TRAIL #102 SARASOTA FL 34231



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
4. FEI Number 59-1227177 Applied For Not Applicable

Zip Country Zip Country
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
STE 102
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 *K. Bittar* DATE *4/30/08*
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required with reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	RUE, DIANE	
STREET ADDRESS	P.O. BOX 3	
CITY-ST-ZIP	SARASOTA FL 34230	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOBAN, THERESA	
STREET ADDRESS	130 S CANAL, APT 815	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	HART, RITA	
STREET ADDRESS	174 GOLDEN GATE POINT #53	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD - title	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD - title	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Hoban	
STREET ADDRESS	130 S Canal Apt 815	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE: *Rita Hart* 04/14/2008