2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# 715159

Entity Name: 400 GOLDEN GATE POINT ASSOCIATION, INC.

Current Principal Place of Business:

400 GOLDEN GATE POINT
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

PO BOX 10116
BRADENTON, FL 34282

New Mailing Address:

FEI Number: 59-1272130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARONE, ROBERT
570 57TH W, #107
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ZOELLNER, KATHERINE	
Address:	400 GOLDEN GATE PT, #21	
City-St-Zip:	SARASOTA, FL 34236	
Title:	TD	( ) Delete
Name:	MITCHELL, GINI	
Address:	400 GOLDEN GATE POINT	
City-St-Zip:	SARASOTA, FL 34236	
Title:	SD	( ) Delete
Name:	DEADY, MARJORIE	
Address:	400 GOLDEN GATE PT, #53	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	VANDERNOOT, ELLEN	
Address:	400 GOLDEN GATE PT, #42	
City-St-Zip:	SARASOTA, FL 34236	
Title:	VPD	( ) Delete
Name:	SPROUT, DAVID	
Address:	400 GOLDEN GATE POINT #33	
City-St-Zip:	SARASOTA, FL 34236	
Title:	AS	( ) Delete
Name:	MARONE, ROBERT	
Address:	PO BOX 10714	
City-St-Zip:	BRADENTON, FL 34282	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	VOLZ, VIRGINIA	
Address:	400 GOLDEN GATE POINT	
City-St-Zip:	SARASOTA, FL 34236	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT MARONE AS 01/11/2006

Electronic Signature of Signing Officer or Director — Date