

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716364

FILED
Feb 25, 2009
Secretary of State

Entity Name: GULF HAVEN OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5860 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

5860 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1427714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
6230 UNIVERSITY PARKWAY, SUITE 204
SARASOTA, FL 34240 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: VP () Delete
Name: MURPHY, PAUL
Address: 5860 MIDNIGHT PASS RD #34
City-St-Zip: SARASOTA, FL 34242

Title: T () Delete
Name: WINA, STEVEN
Address: 5860 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: P () Delete
Name: KOZIKOWSKI, JOHN
Address: 5860 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: SD () Delete
Name: RYAN, PATRICIA
Address: 5860 MIDNIGHT PASS RD #51
City-St-Zip: SARASOTA, FL 34242

Title: T () Delete
Name: POSEH, JUDY
Address: 5860 MIDNIGHT PASS RD #19
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MURPHY, PAUL
Address: 5860 MIDNIGHT PASS RD #34
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KOZIKOWSKI, JOHN
Address: 5860 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: P (X) Change () Addition
Name: RYAN, PATRICIA
Address: 5860 MIDNIGHT PASS RD #51
City-St-Zip: SARASOTA, FL 34242

Title: SD (X) Change () Addition
Name: POSCH, JUDY
Address: 5860 MIDNIGHT PASS RD #19
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify 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: PAUL MURPHY

D

02/25/2009

Electronic Signature of Signing Officer or Director

Date