2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90004 004 ****61.25

DOCUMENT # 723557

1. Entity Name
325 GOLDEN GATE POINT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4840 SUNDAY COURT SARASOTA, FL 34235 US	4840 SUNDAY COURT SARASOTA, FL 34235 US

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02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1414726

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROYSE, DIANE
4840 SUNDAY CT
SARASOTA, FL 34235

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D VP
NAME	BURKE, EILEEN
STREET ADDRESS	4746 BREEZY PINES BLVD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	D
NAME	~~GALINIS, SUSANA~~
STREET ADDRESS	~~449 GOLDEN GATE POINT #0~~
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	~~MCCORMICK, GAIL~~
STREET ADDRESS	~~281 LYNN SHORE DR~~
CITY-ST-ZIP	~~LYNN, MA 01907~~
TITLE	~~ST~~ S T
NAME	OBRIEN, MARY
STREET ADDRESS	305 25TH ST W
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	P - S
NAME	SACHUSE, LOTHAR
STREET ADDRESS	325 GOLDEN GATE POINT- 15W
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Mary O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #