

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723557

FILED
Apr 25, 2008
Secretary of State

Entity Name: 325 GOLDEN GATE POINT ASSOCIATION, INC.

Current Principal Place of Business:

325 GOLDEN GATE POINT
SARASOTA, FL 34235 US

New Principal Place of Business:

Current Mailing Address:

63 SARASOTA CENTER BLVD
SUITE 104
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 59-1414726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADI PROPERTY MANAGEMENT
63 SARASOTA CENTER BLVD
SUITE 104
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: T () Delete
Name: BURKE, EILEEN
Address: 4746 BREEZY PINES BLVD
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: OBRIEN, MARY
Address: 305 25TH ST W
City-St-Zip: BRADENTON, FL 34205

Title: P () Delete
Name: SACHSE, LOTHAR
Address: 495 GOLDEN GATE POINT- 4E
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: THOMAS, DIANE
Address: 495 GOLDEN GATE POINT #3E
City-St-Zip: SARASOTA, FL 34236

Title: AS () Delete
Name: ADI PROPERTY MANAGEM, ENT
Address: 63 SARASOTA CENTER BLVD, STE 104
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: JACQUELINE, MCKINNEY
Address: 1469 56 TH STREET WEST
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

Title: D (X) Change () Addition
Name: VANVLIET, VICKY
Address: 226 GOLDEN GATE PT
City-St-Zip: SARASOTA, FL 34240

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: ELISE ANGELORO

AS

04/25/2008

Electronic Signature of Signing Officer or Director

Date