

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90030 028 ****61.25

DOCUMENT # 731697					
1. Entity Name THE GOLDEN GATE CIVIC ASSOCIATION, INC.					
Principal Place of Business 4701 GOLDEN GATE PKWY GOLDEN GATE, FL 34116 US			Mailing Address 4701 GOLDEN GATE PKWY GOLDEN GATE, FL 34116		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTIN, GINGER 5040 31ST. AVE. SW NAPLES, FL 34116				Name <u>Keith Denny</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>3153 41st Street, SW</u>	
				City <u>Naples</u> FL Zip Code <u>34116</u>	
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 <u>Keith Denny</u>		<u>Keith Denny, President</u>		<u>3/19/2007</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUFF, KAYDEE L	NAME			
STREET ADDRESS	5101 31ST AVENUE S W	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DENNY, KEITH	NAME			
STREET ADDRESS	3153 41ST STREET SW	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, GINGER	NAME			
STREET ADDRESS	5040 31ST AVENUE S.W.	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPENCER, PATRICIA	NAME			
STREET ADDRESS	5401 25TH PLACE SW	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POTEET, WILLIAM JR	NAME			
STREET ADDRESS	6180 STAR GRASS LANE	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Keith Denny</u>		<u>3/19/07 (239) 784-4660</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

60025997



03192007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6212926 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required