

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 03, 2006
Secretary of State**

DOCUMENT# 740015

Entity Name: GULF GATE PINES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2247 PINE VIEW CIRCLE
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

2247 PINE VIEW CIRCLE
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 59-1982416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIGGS, STANLEY A
2247 PINE VIEW CIRCLE
SARASOTA, FL 34231 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: D Delete
Name: CONN, GEORGE A
Address: 2242 PINE VIEW CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: D Delete
Name: DOWNER, DAVID
Address: 2288 PINE VIEW CIRCLE
City-St-Zip: SARASOTA, FL 34231 US

Title: O Delete
Name: KNAUTZ, KAREN
Address: 2241 PINE VIEW CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: O Delete
Name: BRIGGS, S
Address: 2247 PINE VIEW CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: O Delete
Name: HILLSTORM, GREG
Address: 2243 PINE VIEW CIRCLE
City-St-Zip: SARASOTA, FL 34231

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:

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: STANLEY A BRIGGS

O

04/03/2006

Electronic Signature of Signing Officer or Director

Date