

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740015

FILED
Jul 23, 2009
Secretary of State

Entity Name: GULF GATE PINES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2238 PINE VIEW CIRCLE
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

2238 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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLEMONS, JACKIE
2238 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: SEC () Delete
Name: WIRSING, JOYCE
Address: 2292 PINE VIEW CIRCLE
City-St-Zip: SARASOTA, FL 34231 US

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

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

Title: PRES () Delete
Name: CLEMONS, JACKIE
Address: 2238 PINE VIEW CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: VPRE () Delete
Name: ERNST, CHRISTINE
Address: 2209 PINE VIEW CIRCLE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MAL (X) Change () Addition
Name: COMBS, PEG
Address: 2291 PINE VIEW CIRCLE
City-St-Zip: SARASOTA, FL 34231

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 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: JACKIE CLEMONS

PRES

07/23/2009

Electronic Signature of Signing Officer or Director

Date