## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 748349**

FILED Jun 23, 2009 Secretary of State

Entity Name: GOLDEN GATE CONDOMINIUM ASSOCIATION, INC. OF ST. PETE

**Current Principal Place of Business: New Principal Place of Business:** 3901 45TH AST N ST PETERSBURG, FL 33714 US **Current Mailing Address: New Mailing Address:** 3901 45TH ST N ST PETERSBURG, FL 33714 US FEI Number: 59-2021277 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: Name and Address of New Registered Agent: ALBUQUERQUE, CHRISTINE GOLDEN GATE CONDO ASSN 3901 45TH ST N ST PETERSBURG, FL 33714 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete HARRIS, PATRICIA HARRIS, PATRICIA Name: Name: Address: 4455 38TH TER NORTH B11 Address: 3901 45TH STREET N City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: SAINT PETERSBURG, FL 33714 Title: () Delete Title: () Change () Addition Name: CHARLIP, SUSAN Name: Address: 4450 40TH AVE N D-8 Address: City-St-Zip: ST PETERSBURG, FL 33714 City-St-Zip: Title: () Delete Title: () Change () Addition ALBUQUERQUE, CHRISTINE Name: Name: Address: 4455 38TH TERR N B1 Address: City-St-Zip: ST PETERSBURG, FL 33714 City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition MCCLELLAND, KAREN Name: Name: Address: 3910 44TH ST N Address: City-St-Zip: SAINT PETERSBURG, FL 33714 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: CHRISTINE ALBUQUERQUE TD 06/23/2009