

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754881

FILED
Jan 22, 2009
Secretary of State

Entity Name: GULF HOLIDAY APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

73 AVENIDA MESSINA
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21624
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 59-2443118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAKE, J. KEVIN
DOOLEY & DRAKE, P.A.
1432 FIRST ST.
SARASOTA, FL 34236 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: TS () Delete
Name: MELLISH, PETER
Address: 536 BAYVIEW AVE.
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: MARCEAU, RICHARD
Address: 35 EASTERN AVE.
City-St-Zip: LUNENBURG, MA 01462

Title: P () Delete
Name: HORN, LINDA
Address: 2750 STICKNEY PT RD
City-St-Zip: SARASOTA, FL 34231

Title: VP () Delete
Name: MEES, GARRY
Address: 73 AUGNIDA MESSINA
City-St-Zip: SARASOTA, FL 34242

Title: T () Delete
Name: WALKER, ZELODA
Address: 838 HORRACE AVE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change () Addition
Name: HEAD, PAT
Address: 5330 HYLAND HILLS
City-St-Zip: SARASOTA, FL 34241

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

Title: P (X) Change () Addition
Name: WALKER, ZELDA
Address: 838 HONORE
City-St-Zip: SARASOTA, FL 34232

Title: VP (X) Change () Addition
Name: PELLOW, JOANNE
Address: 933 SPRING N.E.
City-St-Zip: GRAND RAPIDS, MI 49503

Title: VP (X) Change () Addition
Name: LEMASTER, ALAN
Address: 1017 MILLER RD
City-St-Zip: IMPERIAL, MO 63052

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: PAT HEAD

S/T

01/22/2009

Electronic Signature of Signing Officer or Director

Date