

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756345

FILED
Apr 12, 2009
Secretary of State

Entity Name: GULF GARDENS ASSOCIATION, INC.

Current Principal Place of Business:

14141 GULF BLVD.
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

14141 GULF BLVD.
MADEIRA BEACH, FL 33708 US

New Mailing Address:

FEI Number: 59-2084469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IMRE KONDAKOR
14141 GULF BLVD.
MADEIRA BEACH, FL 33708 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: PD () Delete
Name: KONDAKOR, IMRE
Address: 14141 GULF BLVD
City-St-Zip: MADEIRA BEACH, FL 33708

Title: DMB () Delete
Name: WATTS, JOHN
Address: 213 S OCCIDENT ST
City-St-Zip: TAMPA, FL 33609

Title: DV () Delete
Name: MCKEE, RUSS
Address: 8827 WELLINGTON DR.
City-St-Zip: TAMPA, FL 33635

Title: DS () Delete
Name: PALMER, TOM
Address: 409 ABENDEEN CT. N.
City-St-Zip: LAKE LAND, FL 33813

Title: TD () Delete
Name: BOKHART, MARK
Address: C/O 1210 AUBUBON PLACE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KONDAKOR, IMRE P
Address: 14141 GULF BLVD
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: VP (X) Change () Addition
Name: MCKEE, RUSS V
Address: 3008 ALSHIRE LANE
City-St-Zip: LAND O LAKES, FL 34639 US

Title: MGR (X) Change () Addition
Name: TARDIF, FERN MGRM
Address: 5 BIRCHWOOD DRIVE
City-St-Zip: HALIFAX, NC B3N 1H7 CN

Title: DS (X) Change () Addition
Name: PALMER, TOM SECRETA
Address: 409 ABENDEEN CT. N.
City-St-Zip: LAKE LAND, FL 33813 US

Title: TD (X) Change () Addition
Name: BOKHART, MARK TREASUR
Address: C/O 1210 AUBUBON PLACE
City-St-Zip: ORLANDO, FL 32804 US

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: IMRE KONDAKOR

P

04/12/2009

Electronic Signature of Signing Officer or Director

Date