

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757487

FILED
Mar 20, 2009
Secretary of State

Entity Name: GULF GATE EAST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3892 KINGSTON BLVD
SARASOTA, FL 34238 SR

New Principal Place of Business:

Current Mailing Address:

PO BOX 20595
SARASOTA, FL 342763595 SR

New Mailing Address:

FEI Number: 59-2601035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KABEL, THOMAS N
3892 KINGSTON BLVD
SARASOTA, FL 34238 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: KOPRESKI, ALICE
Address: 4270 KINGSTON CT
City-St-Zip: SARASOTA, FL 34238

Title: TRS () Delete
Name: KABEL, THOMAS
Address: 3892 KINGSTON BLVD
City-St-Zip: SARASOTA, FL 34238

Title: VPSD () Delete
Name: WELCH, LINDA
Address: 6573 WATERFORD CIRCLE
City-St-Zip: SARASOTA, FL 34238

Title: SEC (X) Delete
Name: JOHNSON, NILS
Address: 3870 EASTON ST
City-St-Zip: SARASOTA, FL 34238

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:

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: THOMAS N. KABEL

TREA

03/20/2009

Electronic Signature of Signing Officer or Director

Date