

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757487

**FILED**  
**Jan 12, 2011**  
**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  
Name: KOPRESKI, ALICE  
Address: 4270 KINGSTON CT  
City-St-Zip: SARASOTA, FL 34238

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS KABEL

TRS

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date