FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:34

DOCUMENT # 765312 (4)

1. Corporation Name
GULF GATE CLUB MEMBERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2550 BISPHAM RD SARASOTA FL 34231-5727	2550 BISPHAM RD SARASOTA FL 34231-5727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1982
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2465941 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TJADEN, THOMAS R.
8075 BENEVA RD. S.
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	TORCICOLLO, EDWARD	1.2 NAME	SHROM, RALPH	
STREET ADDRESS	5600 BEACHWAY DR APT 203 - SIESTA KEY	1.3 STREET ADDRESS	6647 COLONIAL DR.	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL. 34231	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	QUARMBY, CHARLES	2.2 NAME	DEVAN, KAY	
STREET ADDRESS	128 JEFFRY CIR	2.3 STREET ADDRESS	2482 BREAKWATER CIR.	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL. 34231	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BEERS, DOROTHY	3.2 NAME	ANDERSON, JOYCE	
STREET ADDRESS	3901 BAHIA VISTA	3.3 STREET ADDRESS	2509 BISPHAM RD.	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL. 34231	
TITLE	PD	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	CARVELL, CONSTANCE	4.2 NAME	TORCICOLLO, EDWARD	
STREET ADDRESS	1984 BAYWOOD TERR	4.3 STREET ADDRESS	5600 BEACHWAY DR. #203	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Torcicollo-EDWARD TORCICOLLO 1-24-95 (813) 346-0646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063312