

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 765312 (4)**  
1. Corporation Name  
**GULF GATE CLUB MEMBERS ASSOCIATION, INC.**



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

Mailing Address  
**2550 BISPHAM RD  
SARASOTA FL 34231-5727**

3. Date Incorporated or Qualified  
**10/06/1982**

3a. Date of Last Report  
**01/30/1995**

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 2. Principal Place of Business<br><b>21</b>     | 2a. Mailing Address<br><b>26</b> | 4. FEI Number<br><b>59-2465941</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.<br><b>22</b>                | Suite, Apt. #, etc.<br><b>27</b> | 5. Certificate of Status Desired<br><input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b>                  |
| City & State<br><b>23</b>                       | City & State<br><b>28</b>        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>                     |
| Zip<br><b>24</b>                                | Country<br><b>25</b>             | Zip<br><b>29</b>   | Country<br><b>30</b>                                   |
| 9. Name and Address of Current Registered Agent |                                  | 10. Name and Address of New Registered Agent                                       |  |

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

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.  |              |
| 84. City   | <b>FL</b>    |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE             | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SHROM, RALPH</b>                                   | 1.2 NAME  |  |
| STREET ADDRESS             | <b>6647 COLONIAL DR.</b>                              | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                    | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VPD</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DEVAN, KAY</b>                                     | 2.2 NAME  | <b>AUSTIN, GERALD</b>  |
| STREET ADDRESS             | <b>2482 BREAKWATER CIR.</b>                           | 2.3 STREET ADDRESS                                    | <b>2750 MALL PR. #7934</b>   |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                    | 2.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL. 34231</b>   |
| TITLE                      | <b>SD</b> <input checked="" type="checkbox"/> DELETE  | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ANDERSON, JOYCE</b>                                | 3.2 NAME  | <b>STANWARD, GERRI</b>   |
| STREET ADDRESS             | <b>2509 BISPHAM RD.</b>                               | 3.3 STREET ADDRESS                                    | <b>1707 PELICAN COVE RD. #GL 454</b>   |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                    | 3.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL. 34231</b>   |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TORCICOLLO, EDWARD</b>                             | 4.2 NAME  |  |
| STREET ADDRESS             | <b>5600 PEACHWAY DR. #203</b>                         | 4.3 STREET ADDRESS                                    | <b>5200 BEACHWAY PR. #203</b>  |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                    | 4.4 CITY-ST-ZIP                                       | <b>S</b>   |
| TITLE                      | <input type="checkbox"/> DELETE                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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**

**3-25-96**

**(941) 346-2640**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)