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FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
03/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD  
NAME SHROM, RALPH  
STREET ADDRESS 6647 COLONIAL DR.  
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE VPD  
NAME AUSTIN, GERALD  
STREET ADDRESS 2750 MALL DR, SUITE 234  
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE SD  
NAME STANWOOD, GERI  
STREET ADDRESS 1707 PELICAN COVE, SUITE GL454  
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE PD  
NAME TORCICOLLO, EDWARD  
STREET ADDRESS 5600 BEACHWAY DR, SUITE 203  
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE PD  
2.2 NAME AUSTIN, GERALD  
2.3 STREET ADDRESS 2750 MALL DR, SUITE 234  
2.4 CITY-ST-ZIP SARASOTA, FL

☒ Change ☐ Addition

3.1 TITLE SD  
3.2 NAME STANWOOD, GERI  
3.3 STREET ADDRESS 1707 PELICAN COVE RD, SUITE GL454  
3.4 CITY-ST-ZIP SARASOTA, FL

☒ Change ☐ Addition

4.1 TITLE VPD  
4.2 NAME TORCICOLLO, ED  
4.3 STREET ADDRESS 5600 BEACHWAY DR  
4.4 CITY-ST-ZIP SARASOTA, FL

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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: [Signature] DATE: 4/14/97

CR2E037 (9/96)