

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766911

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: GULL AIRE VILLAGE ASSOCIATION, INC.

## Current Principal Place of Business:

151 B GULL AIRE BLVD  
OLDSMAR, FL 34677

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 14357  
CLEARWATER, FL 33766 US

## New Mailing Address:

FEI Number: 59-2252029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERI-TECH REALTY INC.  
1799-B N BELCHER RD  
CLEARWATER, FL 33765 US

## Name and Address of New Registered Agent:

AMERI-TECH REALTY INC.  
24701 US HIGHWAY 19 NORTH #102  
CLEARWATER, FL 33763 US

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: MICHAEL G PEREZ, PRESIDENT

03/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: JOHNSON, LES  
Address: 313 BASS COURT  
City-St-Zip: OLDSMAR, FL 34677

Title: TD ( ) Delete  
Name: WISEMAN, BOB  
Address: 504 CANAL WY  
City-St-Zip: OLDSMAR, FL 34677

Title: PD ( ) Delete  
Name: LARSON, SANDY  
Address: 39 PELICAN DRIVE  
City-St-Zip: OLDSMAR, FL 34677

Title: VPD ( ) Delete  
Name: BURRIGHT, PERRY  
Address: 84 PELICAN DRIVE NORTH  
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WISEMAN, BOB  
Address: 504 CANAL WY  
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: LYTTLE, ROBERT  
Address: 37 PELICAN DRIVE SOUTH  
City-St-Zip: OLDSMAR, FL 34677

Title: TD ( ) Change (X) Addition  
Name: STANOVICH, ANDREA  
Address: 442 TUNA COURT  
City-St-Zip: OLDSMAR, FL 34677

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: SANDY LARSON

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date