2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# N01000001185

Entity Name: GOLDEN GATE POINT ASSOCIATION, INC.

Current Principal Place of Business:

GOLDEN GATE POINT
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

136 GOLDEN GATE POINT
14
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 02-0636106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENT, JOHN
360 GOLDEN GATE POINT
#6
SARASOTA, FL 34236 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:	DP	( ) Delete
Name:	WATERMEIER, DENISE	
Address:	306 GOLDEN GATE POINT #5	
City-St-Zip:	SARASOTA, FL 34236	
Title:	DV	( ) Delete
Name:	DENT, J9OHN	
Address:	660 GOLDEN GATE POINT	
City-St-Zip:	SARASOTA, FL 34236	
Title:	DT	( ) Delete
Name:	HOOLEY, PAT	
Address:	590 GOLDEN GATE POINT #4	
City-St-Zip:	SARASOTA, FL 34236	
Title:	DS	( ) Delete
Name:	KOPECK, CAROL	
Address:	350 GOLDEN GATE POINTE #480	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	( ) Delete
Name:	BRINK, CLARK	
Address:	350 GOLDEN GATE POINT	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	( ) Delete
Name:	WARD, RON	
Address:	464 GOLDEN GATE POINT #501	
City-St-Zip:	SARASOTA, FL 34236	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PATRICIA HOOLEY TRES 01/17/2008

Electronic Signature of Signing Officer or Director — Date