2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N01000001185

Entity Name: GOLDEN GATE POINT ASSOCIATION, INC.

Current Principal Place of Business:

GOLDEN GATE POINT
590 GOLDEN GATE POINT #4
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
Name: DENT, JOHN
Address: 660 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236

Title: DVP
Name: PORTER, CLAUDIA
Address: 660 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236

Title: DT
Name: HOOLEY, PAT
Address: 590 GOLDEN GATE POINT #4
City-St-Zip: SARASOTA, FL 34236

Title: DS
Name: LUCIANI, MARTHA
Address: 128 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236

Title: D
Name: ALBERTSON, BEVERLY
Address: 128 GOLDEN GATE POINT #501
City-St-Zip: SARASOTA, FL 34236

Title: D
Name: PARKER, BRENT
Address: 136 GOLDEN GATE POINT
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA HOOLEY TREA 01/05/2011

Electronic Signature of Signing Officer or Director — Date