


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90070 019 \*\*\*\*61.25

<b>DOCUMENT # N02654</b> 1. Entity Name <b>GULF GATE ASSOCIATION, INC.</b>					
Principal Place of Business <b>111 50TH AVENUE WEST ST PETERSBURG FL 33706</b>				Mailing Address <b>111 50TH AVE WEST P.O. BOX 66116 33736-6116 FL 33706</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E037 (10/07)	
City & State Zip Country		City & State Zip Country		4. FEI Number <b>59-2416191</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>MOSS, VIV III LCAM 1135 PASADENA AVE S SAINT PETERSBURG FL 33707</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D GRIMES, PHILIP M 220 WYNHURST ROAD KESWICK, ONTARIO CA 14-p2r5	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	<input type="checkbox"/> Delete	NAME	Shoppell, Patricia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SHOPPELL, PATTI 470 BELLE POINT DR SAINT PETERSBURG FL 33706	<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VD SEITZ, ROB 1057 ALDEN LANE BUFFALO GROVE IL 60089	<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PD CHILDS, RICHARD, R 540 BELLE POINT DR SAINT PETERSBURG FL 33706	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VPD DEPAULO, LEN 8040 SAILBOAT KEY BLVD UNIT F106 SAINT PETERSBURG FL 33707-6399	<input type="checkbox"/> Delete	STREET ADDRESS	Depaolo, Leonard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D KING, HOWARD 406 PLEASANT DR SCHAUMBURG IL 60193	<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
<b>SIGNATURE:</b> <i>Viv. Moss III LCAM</i>			3/31/08 727-381-8144		