

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001024

FILED
Aug 09, 2005
Secretary of State

Entity Name: GULFHAVEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3184 STRINGFELLOW RD
ST JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

3184 STRINGFELLOW RD
ST JAMES CITY, FL 33956

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ADAMSKI, ROBERT C
1714 CAPE CORAL PKWY
CAPE CORAL, FL 33904 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: D () Delete
Name: RATAJ, SIGMUND
Address: 3184 STRINGFELLOW RD
City-St-Zip: ST JAMES CITY, FL 33956

Title: D () Delete
Name: RATAJ, JOSEPH
Address: 3184 STRINGFELLOW RD
City-St-Zip: ST JAMES CITY, FL 33956

Title: D () Delete
Name: RATAJ, SABINA
Address: 3184 STRINGFELLOW RD
City-St-Zip: ST JAMES CITY, FL 33956

Title: D () Delete
Name: SCHROEDER, KIMBERLY G
Address: 3184 STRINGFELLOW RD
City-St-Zip: ST JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HUMMER, WILLIS
Address: 3184 STRINGFELLOW RD
City-St-Zip: ST JAMES CITY, FL 33956

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

Title: D (X) Change () Addition
Name: HUMMER, DEBORAH
Address: 3184 STRINGFELLOW RD
City-St-Zip: ST JAMES CITY, FL 33956

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIS HUMMER

D

08/09/2005

Electronic Signature of Signing Officer or Director

_____ Date