

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 AUG -3 AM 5:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N05000011008 1. Entity Name GULF PATH CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 104 29TH STREET HOLMES BEACH, FL 34217		

Mailing Address 104 29TH STREET HOLMES BEACH, FL 34217	
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2. Principal Place of Business - No P.O. Box # 1401 MANATEE AVE W	3. Mailing Address 1401 MANATEE AVE W
Suite, Apt. #, etc. SUITE 510	Suite, Apt. #, etc. SUITE 510
City & State BRADENTON, FLORIDA	City & State BRADENTON, FLORIDA
Zip 34209	Country USA



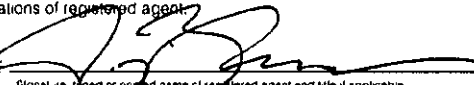
07172009 REIN-NP CR2E099 (1/07)

4. FEI Number 51-0655301	☐ Applied For ☒ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRANNON, JOSEPH A 1401 MANATEE AVE W 510 BRADENTON, FL 34205	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 7/1/09 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HAMANN, ECKEHARDT 104 29TH STREET HOLMES BEACH, FL 34217 ☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP D HAMANN, ANJA 104 29TH STREET HOLMES BEACH, FL 34217 ☐ Delete	☐ Change ☐ Addition 400159193154 08/03/09--01055--025 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ROBINSON, ALBERT F 104 29TH STREET HOLMES BEACH, FL 34217 ☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT ☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP RH ☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
SIGNATURE: Hamann ANJA, HAMANN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 07/28/09 Daytime Phone # 011492545919299