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	Mailing Address
104 29TH STREET HOLMES BEACH, FL 34217	104 29TH STREET HOLMES BEACH, FL 34217

07172009 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1401 MANATEE AVE W	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	Zip: 34209 Country: USA

4. FEI Number 51-0655301 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRANNON, JOSEPH A 1401 MANATEE AVE W 510 BRADENTON, FL 34205	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: 7/1/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMANN, ANJA 104 29TH STREET HOLMES BEACH, FL 34217 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RH ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 07/28/09 01149254591929 9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #