2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000474

FILED Jul 05, 2007 Secretary of State

Entity Name: GULF GATE VILLAGE OWNERS' ASSOCIATION, INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:
	F GATE DR. FA, FL 34231	
urrent M	lailing Address:	New Mailing Address:
	F GATE DR. ⁻ A, FL 34231	
accordan	: 05-0633654 FEI Number Applied For (ice with s. 607.193(2)(b), F.S., the corporation I Address of Current Registered Age	did not receive the prior notice.
00 BURN	JAMES D. ESQ. IS CT. ⁻ A, FL 34236 US	
	named entity submits this statement for e of Florida.	r the purpose of changing its registered office or registered agent, or both
IGNATU	RE:	
	Electronic Signature of Registere	ed Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
ile: ame: ldress: ty-St-Zip:	DP () Delete MEADOWS, DAVID 5455 GATEWAY AVE. SARASOTA, FL 34231	Title: () Change () Addition Name: Address: City-St-Zip:
le: ime: ldress: ty-St-Zip:	DV () Delete SOTO, FRED 8045 VIA FLORE DR. SARASOTA, FL 34238	Title: () Change () Addition Name: Address: City-St-Zip:
	DTS () Delete	Title: DTS (X) Change () Addition
ame: ldress:	MEADOWS, BARBARA 2268 GATEWAY DR. SARASOTA, FL 34231	Name: BYRD, RICHARD Address: 6512 SUPERIOR City-St-Zip: SARASOTA, FL 34231
tle: ame: ddress: tty-St-Zip: tle: ame: ddress: tty-St-Zip:	2268 GATEWAY DR.	Address: 6512 SUPERIOR
ame: ldress: ty-St-Zip: :le: ame: ldress:	2268 GATEWAY DR. SARASOTA, FL 34231 D () Delete DROWN, WALTER 4300 BRADYWINE	Address: 6512 SUPERIOR City-St-Zip: SARASOTA, FL 34231 Title: D (X) Change () Addition Name: MCCLOSKEY, GEORGE Address: 4749 PINE HARRIER DRIVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID MEADOWS DP 07/05/2007