

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000474

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

2268 GULF GATE DR.
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2268 GULF GATE DR.
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 05-0633654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, JAMES D. ESQ.
400 BURNS CT.
SARASOTA, FL 34236 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: DP () Delete
Name: MEADOWS, DAVID
Address: 5455 GATEWAY AVE.
City-St-Zip: SARASOTA, FL 34231

Title: DV () Delete
Name: SOTO, FRED
Address: 8045 VIA FLORE DR.
City-St-Zip: SARASOTA, FL 34238

Title: DTS () Delete
Name: BYRD, RICHARD
Address: 6512 SUPERIOR
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: MCCLOSKEY, GEORGE
Address: 4749 PINE HARRIER DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: GIANNINI, FRANK
Address: 2144 GULF GATE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: MAROT, RICHARD
Address: 2162 GULF GATE DRIVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date