

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001528

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** THE FRIENDS OF THE HISTORIC GOLDEN GATE COMMUNITY, INC.

**Current Principal Place of Business:**

3450 SE FAIRMONT ST.  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

3450 SE FAIRMONT ST.  
STUART, FL 34997

**New Mailing Address:**

P.O. BOX 734  
PORT SALERNO, FL 34992 07

**FEI Number:** 26-1969244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GY CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DR., SUITE 500 EAST  
W. PALM BCH, FL 33401 US

**Name and Address of New Registered Agent:**

TSaftarides, SAADIA  
3450 SE FAIRMONT ST.  
STUART, FL 34997 US

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: SAADIA TSAFTARIDES

03/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TSAFTARIDES, SAADIA  
Address: 3450 SE FAIRMONT ST.  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: MOORE, MARIANN  
Address: 3015 SE BONITA ST.  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: MILLER, BELINDA  
Address: 3193 SE DIXIE HWY.  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: PREAST, JULIE  
Address: 538 NE ALICE ST.  
City-St-Zip: JENSEN BCH, FL 34958

Title: D ( ) Delete  
Name: AZZI, BARCHAA  
Address: 3450 SE FAIRMONT ST.  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: RIZZOTTO, JOHN  
Address: 4912 SE POMPANO TERR.  
City-St-Zip: STUART, FL 34997

**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  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BYRD, GAIL  
Address: P. O. BOX 484  
City-St-Zip: PORT SALERNO, FL 34992

Title: D (X) Change ( ) Addition  
Name: MUNROE, IVAN  
Address: 3263 S.E. DIXIE HIGHWAY  
City-St-Zip: STUART, FL 34997

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: SAADIA TSAFTARIDES

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date