

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11561

FILED
Mar 20, 2012
Secretary of State

Entity Name: GULF TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O BOX 1407
PORT RICHEY, FL 34673 US

New Principal Place of Business:

Current Mailing Address:

6710 EMBASSY BLVD
SUITE 206
PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 59-2898707 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COASTAL HOA MGMT SERVICES, INC.
6710 EMBASSY BLVD
SUITE 206
PORT RICHEY, FL 34668 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: PD
Name: MARTIN, DOUG
Address: 6710 EMBASSY BLVD SUITE 206
City-St-Zip: PORT RICHEY, FL 34668

Title: TD
Name: DANESI, EVELYN
Address: 6710 EMBASSY BLVD SUITE 206
City-St-Zip: PORT RICHEY, FL 34668

Title: SD
Name: DENNIE, LYNN
Address: 6710 EMBASSY BLVD SUITE 206
City-St-Zip: PORT RICHEY, FL 34668

Title: D
Name: PIFKO, BARBARA
Address: 6710 EMBASSY BLVD SUITE 206
City-St-Zip: PORT RICHEY, FL 34668

Title: D
Name: TOSCANO, ANTHONY
Address: 6710 EMBASSY BLVD SUITE 206
City-St-Zip: PORT RICHEY, FL 34668

Title: VPD
Name: TUIDER, CHARLES
Address: 6710 EMBASSY BLVD SUITE 206
City-St-Zip: PORT RICHEY, FL 34668

I hereby 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 all other like empowered.

SIGNATURE: MARYANN MYSZKOWIAK

RA

03/20/2012

Electronic Signature of Signing Officer or Director

_____ Date