

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90068 020 ****61.25

DOCUMENT # N49236

1. Entity Name
GULL HAVEN PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**308 14TH STREET SW
RUSKIN, FL 33570 US**

Mailing Address
**308 14TH STREET SW
RUSKIN, FL 33570 US**

60010857



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302006 Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0255762

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GALE, JULIE
308 14TH STREET SW
RUSKIN, FL 33570**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**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
**ST
GALE, JULIE
308 14TH STREET SW
RUSKIN, FL 33570** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Sam Bellock
1404 Deirdre Dr
Ruskin, FL 33570** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELLOCK, LISA
1404 DEIDRA DR
RUSKIN, FL 33570** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1404 Deirdre Dr
Ruskin, FL 33570** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GIEL, DAN
1412 DEIRDRE DRIVE
RUSKIN, FL 33570** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1412 DEIRDRE DRIVE
Ruskin, FL 33570** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SARGEANT, FRANK
308 14TH STREET SW
RUSKIN, FL 33570** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**308 14TH STREET SW
Ruskin, FL 33570** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, LEROY
308-14TH ST SW
RUSKIN, FL 33570** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**308-14TH ST SW
Ruskin, FL 33570** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**308-14TH ST SW
Ruskin, FL 33570** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**308-14TH ST SW
Ruskin, FL 33570** ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Julie Gale Julie Gale

1-30-06

813-645-0339