

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49236

FILED
Jan 04, 2008
Secretary of State

Entity Name: GULL HAVEN PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

308 14TH STREET SW
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

308 14TH STREET SW
RUSKIN, FL 33570 US

New Mailing Address:

FEI Number: 65-0255762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALE, JULIE
308 14TH STREET SW
RUSKIN, FL 33570 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: ST () Delete
Name: GALE, JULIE
Address: 308 14TH STREET SW
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: BELLOCK, LISA
Address: 1404 DEIDRA DR
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: SARGEANT, FRANK
Address: 308 14TH STREET SW
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: DAVIS, LEROY
Address: 308-14TH ST SW
City-St-Zip: RUSKIN, FL 33570

Title: P () Delete
Name: BELLOCK, SAM
Address: 1404 DEIDRE DR
City-St-Zip: RUSKIN, FL 33570

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: () 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: JULIE GALE

ST

01/04/2008

Electronic Signature of Signing Officer or Director

Date