

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001438 (9)

1. Corporation Name

GULF GATE WOODS ASSOCIATION, INC.



Principal Place of Business

7507 SO. TAMiami TRAIL STE. 9
SARASOTA FL 34231

Mailing Address

7507 SO. TAMiami TRAIL STE. 9
SARASOTA FL 34231

3. Date Incorporated or Qualified
02/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Same
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYER, JACK
7507 SO. TAMiami TRAIL STE. 9
SARASOTA FL 34231

81 Name John J. Dyer
82 Street Address (P.O. Box Number is Not Acceptable)
7507 So. TAMiami TRAIL STE 9
83
84 City Sarasota FL 85 Zip Code 34231

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DYER, JACK	
STREET ADDRESS	C/O 7507 SO. TAMiami TRAIL STE. 9	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAYATT, MICHAEL	
STREET ADDRESS	C/O 7507 SO. TAMiami TRAIL STE. 9	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRAENDEL, KATHY	
STREET ADDRESS	7507 SO. TAMiami TRAIL STE. 9	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D - Dyer John J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C/O 7507 So. Tamiami Trail Ste 9	
1.3 STREET ADDRESS	Sarasota, FL 34231	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/T James J. Martino	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	C/O 7507 So. Tamiami Trail Ste 9	
3.3 STREET ADDRESS	Sarasota FL 34231	
3.4 CITY-ST-ZIP		
4.1 TITLE	D - Richard Carchio	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	C/O 7507 So. Tamiami Trail Ste 9	
4.3 STREET ADDRESS	Sarasota FL 34231	
4.4 CITY-ST-ZIP		
5.1 TITLE	D - Kenneth W. Ludwig	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	C/O 7507 So. Tamiami Trail Ste 9	
5.3 STREET ADDRESS	Sarasota FL 34231	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)