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FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001438 (9)**

1. Corporation Name

**GULF GATE WOODS ASSOCIATION, INC.**



Principal Place of Business <b>7350 SO. TAMiami TRAIL SUITE #49 SARASOTA FL 34231</b>	Mailing Address <b>7350 SO. TAMiami TRAIL SUITE #49 SARASOTA FL 34231</b>
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3. Date Incorporated or Qualified

**02/28/1995**

4. FEI Number

**65-0651194**

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DYER, JOHN J.  
7507 SOUTH TAMiami TRAIL  
SUITE 9  
SARASOTA FL 34231**

81 Name **Dyer John J.**

82 Street Address (P.O. Box Number is Not Acceptable)

**7566 Biltmore Drive**

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 **DP** ☒ DELETE

NAME **KAYATT, MICHAEL**  
STREET ADDRESS **C/O 7350 S. TAMiami TRAIL #49**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **DV** ☒ DELETE

NAME **DYER, JOHN J**  
STREET ADDRESS **C/O 7350 S. TAMiami TRAIL #49**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **DS** ☒ DELETE

NAME **ELLIS, PAULA E**  
STREET ADDRESS **C/O 7350 S. TAMiami TRAIL #49**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ DELETE

NAME **LUDWIG, KENNETH**  
STREET ADDRESS **C/O 7350 S. TAMiami TRAIL #49**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **DT** ☒ DELETE

NAME **MARTINO, JAMES**  
STREET ADDRESS **C/O 7350 S. TAMiami TRAIL #49**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME **MARTINO, James J.**  
1.3 STREET ADDRESS **C/O 7350 S. Tamiami Trail #49**  
1.4 CITY-ST-ZIP **Sarasota, FL 34231**

2.1 TITLE **DV** ☒ Change ☐ Addition

2.2 NAME **Howard, Francis**  
2.3 STREET ADDRESS **C/O 7350 S. Tamiami Trail**  
2.4 CITY-ST-ZIP **Sarasota, FL 34231**

3.1 TITLE **DT** ☒ Change ☐ Addition

3.2 NAME **Brad Lau, Albert**  
3.3 STREET ADDRESS **C/O 7350 S. Tamiami Trail**  
3.4 CITY-ST-ZIP **Sarasota, FL 34231**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **Dyer, John J.**  
5.3 STREET ADDRESS **C/O 7350 S. Tamiami Trail**  
5.4 CITY-ST-ZIP **Sarasota, FL 34231**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**

**Jan 14 1998 (941) 924-4446**

CR2E037 (10/97)