

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732695

Entity Name: GULFPLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6700 GULF DRIVE
HOLMES BEACH, FL 34217**Current Mailing Address:**2425 MANATEE AVE W
BRADENTON, FL 34205 US**FEI Number:** 59-1669830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITTAKER, JEFF
2425 MANATEE AVENUE WEST
BRADENTON, FL 34205 US*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**Officer/Director Detail :**

Title	D
Name	YATROS, IRMA
Address	6700 GULF DR, #E-17
City-State-Zip:	HOLMES BEACH FL 34217

Title	TD
Name	WRIGHT, SHARON
Address	5513 KEELER OAK ST
City-State-Zip:	LITHIA FL 33547

Title	DIRECTOR, SECRETARY
Name	SIMPSON SCHULZ, GAYLE
Address	PO BOX 730
City-State-Zip:	ALEXANDRIA VA 22313

Title	PD
Name	COLEMAN, DONALD
Address	2001 SEMINOLE TRAIL
City-State-Zip:	LAKELAND FL 33803

Title	VD
Name	COX, SUSAN
Address	123 KENWITH
City-State-Zip:	LAKELAND FL 33803

Title	DIRECTOR
Name	RICHARDS, MARY
Address	655 SPRING VALLEY RD
City-State-Zip:	ANN ARBOR MI 48105

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: DONALD COLEMAN**PRESIDENT****02/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date