

2018 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 DIRECTOR
Name COX, SUSAN
Address 123 KENWITH
City-State-Zip: LAKELAND FL 33803Title DIRECTOR
Name SPRENGER, TOM
Address 6700 GULF DRIVE
City-State-Zip: HOLMES BEACH FL 34217Title SECRETARY, DIRECTOR
Name BOSH, LENNY
Address 6700 GULF DRIVE
City-State-Zip: HOLMES BEACH FL 34217Title TREASURER, DIRECTOR
Name CARAMICO, MICHAEL
Address 6700 GULF DRIVE
City-State-Zip: HOLMES BEACH FL 34217Title PRESIDENT, DIRECTOR
Name ALBRECHT, ROGER
Address 3990 NEWHALL RD
City-State-Zip: COLUMBUS OH 43220Title DIRECTOR
Name SLAUGH, BARBARA
Address 34 REGAL COURT
City-State-Zip: ZEELAND MI 49464Title DIRECTOR
Name YATROS, GY
Address 6700 GULF DR
#17
City-State-Zip: HOLMES BEACH FL 34217

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: MICHAEL CARAMICO**TREASURER****03/26/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date