

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001185

**Entity Name:** GOLDEN GATE POINT ASSOCIATION, INC.

**Current Principal Place of Business:**

464 GOLDEN GATE POINT  
SARASOTA, FL 34236

**Current Mailing Address:**

464 GOLDEN GATE PT  
SARASOTA, FL 34236 US

**FEI Number: 02-0636106**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DENT, JOHN  
660 GOLDEN GATE POINT  
#62  
SARASOTA, FL 34236 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            PRESIDENT  
Name            MOWER, JUDY  
Address        464 GOLDEN GATE POINT  
                  304  
City-State-Zip: SARASOTA FL 34236

Title            SECRETARY  
Name            MENARD, KRIS  
Address        464 GOLDEN GATE POINT  
                  703  
City-State-Zip: SARASOTA FL 34236

Title            TREASURER  
Name            LOVELL, JOAN  
Address        306 GOLDEN GATE POINT  
                  7  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR AND STREETScape  
                  CHAIRPERSON  
Name            NOTHSTINE, BETH  
Address        128 GOLDEN GATE POINT  
                  702  
City-State-Zip: SARASOTA FL 34236

Title            VP  
Name            MARK, SPIEGEL  
Address        166 GOLDEN GATE POINT  
                  32  
City-State-Zip: SARASOTA FL 34236

Title            MR.  
Name            ZEDECK, MURRAY  
Address        136 GOLDEN GATE POINT  
City-State-Zip: SARASOTA FL 34236

*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: JOAN A LOVELL**

**TREASURER**

**02/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date