

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001185

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

**Current Principal Place of Business:**

306 GOLDEN GATE POINT  
SARASOTA, FL 34236

**Current Mailing Address:**

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

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

Title DIRECTOR  
Name GLADDING, NICK  
Address 420 GOLDEN GATE POINT  
400A  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR, TREASURER  
Name DALY, BRIAN  
Address 609 GOLDEN GATE POINT  
202  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name MARK, SPIEGEL  
Address 166 GOLDEN GATE POINT  
32  
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**

**PRESIDENT**

**02/01/2023**

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

\_\_\_\_\_  
Date