

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002416

Entity Name: GAMBLE CREEK ESTATES COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**1877 NORTHGATE BLVD #4
SARASOTA, FL 34234**Current Mailing Address:**1877 NORTHGATE BLVD #4
SARASOTA, FL 34234 US**FEI Number:** 27-2434590**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PREMIUM RESOURCE MANAGEMENT, INC
1877 NORTHGATE BLVD #4
SARASOTA, FL 34234 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:** MICHAEL MANNING

04/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GRIMES, ROGER
Address 1877 NORTHGATE BLVD #4
City-State-Zip: SARASOTA FL 34234

Title VP
Name POUND, BOB
Address 1877 NORTHGATE BLVD #4
City-State-Zip: SARASOTA FL 34234

Title ASST. SECRETARY
Name MANNING, MICHAEL
Address 2212 58TH AVE E
City-State-Zip: BRADENTON FL 34203

Title TREASURER
Name ELLISON, KEVIN
Address 1877 NORTHGATE BLVD #4
City-State-Zip: SARASOTA FL 34234

Title SECRETARY
Name DILENA, RALPH
Address 1877 NORTHGATE BLVD #4
City-State-Zip: SARASOTA FL 34234

Title VP
Name TWOMBLY, DAVE
Address 1877 NORTHGATE BLVD #4
City-State-Zip: SARASOTA FL 34234

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 MANNING

ASST SECY

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date