## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003607

Entity Name: THE GULF PLACE MERCHANTS ASSOCIATION, INC.

**FILED** Apr 22, 2024 **Secretary of State** 0995711072CC

**Current Principal Place of Business:** 

COMMUNITY MANAGEMENT ASSOCIATES INC. 36468 EMERALD COAST PKWY. STE. 2101

DESTIN, FL 32541

## **Current Mailing Address:**

COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128 ATLANTA, GA 30318 US

FEI Number: 20-2674199 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT ASSOCIATES INC. COMMUNITY MANAGEMENT ASSOCIATES INC. 36468 EMERALD COAST PKWY. STE. 2101 DESTIN, FL 32541 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: JAMES H. DEVLIN 04/22/2024

> Date Electronic Signature of Registered Agent

> > ASSOCIATES INC.

Officer/Director Detail:

Title CEO Title CFO

Name N/A, N/A Name N/A, N/A **COMMUNITY MANAGEMENT** Address

COMMUNITY MANAGEMENT Address ASSOCIATES INC.

1465 NORTHSIDE DR. N.W. 128

1465 NORTHSIDE DR. N.W. 128

ATLANTA GA 30318 ATLANTA GA 30318 City-State-Zip: City-State-Zip:

**SECRETARY** Title Title **AGENT** 

DEVLIN, JAMES H. N/A, N/A Name Name

Address **COMMUNITY MANAGEMENT** Address COMMUNITY MANAGEMENT

> ASSOCIATES INC. ASSOCIATES INC.

1465 NORTHSIDE DR. N.W. 128 1465 NORTHSIDE DR. N.W. 128

ATLANTA GA 30318 City-State-Zip: ATLANTA GA 30318 City-State-Zip:

**AGENT** 

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.