# 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N05000011083

Entity Name: GULF HARBOR MARINA CONDOMINIUM ASSOCIATION, INC.

**FILED** Jul 29, 2024 Secretary of State 7214286037CC

#### **Current Principal Place of Business:**

C/O MITCHELL ASSOCIATION MANAGEMENT GROUP, LLC 5942 PALMER BLVD. SARASOTA, FL 34232

## **Current Mailing Address:**

C/O MITCHELL ASSOCIATION MANAGEMENT GROUP, LLC 5942 PALMER BLVD. SARASOTA, FL 34232 US

FEI Number: 20-4134708 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MITCHELL ASSOCIATION MANAGEMENT GROUP, LLC C/O MITCHELL ASSOCIATION MANAGEMENT GROUP, LLC 5942 PALMER BLVD. SARASOTA, FL 34232 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: PAULA MITCHELL 07/29/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

City-State-Zip:

City-State-Zip:

Title **PRESIDENT** Title **TREASURER** Name ADAMS, NANCY Name IOVINELLI, BRUCE

C/O MITCHELL ASSOCIATION Address 5942 PALMER BLVD. Address

MANAGEMENT GROUP, LLC

City-State-Zip: SARASOTA FL 34232 5942 PALMER BLVD.

> SARASOTA FL 34232 City-State-Zip:

Title SECRETARY, VP

WERSEL, RAY Name Title MANAGING AGENT C/O MITCHELL ASSOCIATION MITCHELL, PAULA Name Address

MANAGEMENT GROUP, LLC Address MITCHELL ASSOCIATION 5942 PALMER BLVD.

MANAGEMENT GROUP, LLC

SARASOTA FL 34232 5942 PALMER BLVD.

City-State-Zip: SARASOTA FL 34232 Title **DIRECTOR** 

JASIPK, DAVID Name Title **DIRECTOR** 

Address C/O MITCHELL ASSOCIATION Name LOSHER, STEVE

MANAGEMENT GROUP, LLC

C/O MITCHELL ASSOCIATION Address 5942 PALMER BLVD.

MANAGEMENT GROUP, LLC SARASOTA FL 34232

5942 PALMER BLVD.

SARASOTA FL 34232 City-State-Zip:

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.

07/29/2024 SIGNATURE: PAULA MITCHELL MANAGING AGENT