

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008549

Entity Name: MANAGERS OF THE GULF COAST, INC.**Current Principal Place of Business:**712 SHAMROCK BLVD.
VENICE, FL 34293**Current Mailing Address:**P.O. BOX 1579
VENICE, FL 34284-1579 US**FEI Number: 45-3231057****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VANDER WULP, SHARON SESQ.
712 SHAMROCK BLVD.
VENICE, FL 34293 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	HOLTZMAN, SANDRA
Address	500 YACHT HARBOR DR.
City-State-Zip:	OSPREY FL 34229

Title	VP
Name	VANDER WULP, SHARON S
Address	712 SHAMROCK BLVD.
City-State-Zip:	VENICE FL 34293

Title	SECRETARY
Name	DOUGLASS, JESSICA
Address	139 BAYSHORE RD
City-State-Zip:	NOKOMIS FL 34275

Title	TREASURER
Name	TYACK, ANDREW
Address	7029 SOUTH TAMIAMI TRAIL #B
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	CAMPBELL, VINCENT R
Address	474 CATALINA ISLES CIRCLE
City-State-Zip:	VENICE FL 34292

Title	DIRECTOR
Name	JORDAN, DONNA
Address	899 WOODBRIDGE DR.
City-State-Zip:	VENICE FL 34293

Title	ASSISTANT SECRETARY
Name	ROMANO, JANET
Address	500 US 41 BYPASS NORTH
City-State-Zip:	VENICE FL 34285

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: ANDREW TYACK**TREASURER****02/02/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date