

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11561

Entity Name: GULF TRACE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**P.O BOX 1407
PORT RICHEY, FL 34673**Current Mailing Address:**PO BOX 1407
PORT RICHEY, FL 34673 US**FEI Number:** 59-2898707**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SYRASKI, MARYANN
6454 RIDGE ROAD
PORT RICHEY, FL 34668 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:** MARYANN SYRASKI

02/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	BUNTING, MARIE
Address	PO BOX 1407
City-State-Zip:	PORT RICHEY FL 34673

Title	DIRECTOR
Name	CHAFIN, PAULINE
Address	PO BOX 1407
City-State-Zip:	PORT RICHEY FL 34673

Title	PRESIDENT
Name	CARISTI, ROSA
Address	PO BOX 1407
City-State-Zip:	PORT RICHEY FL 34673

Title	SECRETARY
Name	HESS, GLORIA
Address	PO BOX 1407
City-State-Zip:	PORT RICHEY FL 34673

Title	VP
Name	PIFKO, RICHARD
Address	PO BOX 1407
City-State-Zip:	PORT RICHEY FL 34673

Title	TREASURER
Name	PICKERING, KEVIN
Address	PO BOX 1407
City-State-Zip:	PORT RICHEY FL 34673

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: ROSA CARISTI**PRESIDENT**

02/19/2020

Electronic Signature of Signing Officer/Director Detail

Date