

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17096

Entity Name: GOLD COAST PROMOTIONAL PRODUCTS ASSOCIATION, INC.**FILED**
Jan 09, 2014
Secretary of State
CC6530775328**Current Principal Place of Business:**1650 SOUTH DIXIE HIGHWAY
SUITE 400
BOCA RATON, FL 33432**Current Mailing Address:**1650 SOUTH DIXIE HIGHWAY
SUITE 400
BOCA RATON, FL 33432 US**FEI Number: 59-2737710****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KELLY WILSON
1650 S DIXIE HWY
STE 400
BOCA RATON, FL 33432 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	PPRE
Name	TUCHLER, GARY MAS
Address	4101 RAVENSWOOD ROAD #105
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	PRES
Name	LEGEL, MICHAEL
Address	45 N. BROAD STREET SUITE 205
City-State-Zip:	RIDGEWOOD NJ 00745

Title	PELE
Name	EUBANKS, RANDY
Address	6545 NOVA DRIVE #211
City-State-Zip:	FORT LAUDERDALE FL 33317

Title	TREA
Name	OPPER, JARED
Address	1200 S. ROGERS CIRCLE #13, 2ND FLOOR
City-State-Zip:	BOCA RATON FL 33487

Title	SEC
Name	GILES, LAWRENCE
Address	6301 EAST 10TH AVENUE SUITE #110
City-State-Zip:	HIALEAH FL 33013

Title	EXEC
Name	WILSON, KELLY MS
Address	1650 S DIXIE HIGHWAY STE 400
City-State-Zip:	BOCA RATON FL 33432

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: KELLY WILSON**EXEC DIRECTOR****01/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date