

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002936

**FILED**  
**Feb 08, 2023**  
**Secretary of State**  
**0083711610CC**

**Entity Name:** CRIMSON ON THE GULF CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 59-3256730

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASSOCIA GULF COAST, INC.  
C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
ST. PETERSBURG, FL 33702 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:** ANNETTE BYRD

02/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HELLER, GARY  
Address C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title VP  
Name DIX, NICHOLAS  
Address C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY  
Name ARNOLD, STEVEN  
Address C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER  
Name HELLER, GARY  
Address C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR  
Name DIX, RITA  
Address C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR  
Name ARNOLD, BEVERLY  
Address C/O ASSOCIA GULF COAST  
9887 4TH STREET NORTH SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** HELLER , GARY

**PRESIDENT**

02/08/2023

Electronic Signature of Signing Officer/Director Detail

Date