

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 707324

Entity Name: 5400 GULF DRIVE INC A CONDOMINIUM

Current Principal Place of Business:

5400 GULF DRIVE
HOLMES BCH, FL 34217 US

New Principal Place of Business:

Current Mailing Address:

5400 GULF DRIVE
HOLMES BCH, FL 34217 US

New Mailing Address:

FEI Number: 59-1159398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRALL, DALE
5400 GULF DRIVE
BRADENTON BEACH, FL 34217 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MOYER, BOB
Address: 5400 GULF DR #35
City-St-Zip: HOLMES BCH, FL 34217

Title: D () Delete
Name: HORVATH, SHIRLEY
Address: 2512 AVE H
City-St-Zip: BRADENTON BEACH, FL 34217

Title: D () Delete
Name: SPRINKLE, CAROLYN
Address: 5400 GULF DR 43
City-St-Zip: BRADENTON BEACH, FL 34217

Title: D () Delete
Name: WILKINSON, JEANNE
Address: 11 MAPLE ST
City-St-Zip: BROADALBIN, NY 12025

Title: PD () Delete
Name: BRUEWER, MARY
Address: 5400 GULF DR #23
City-St-Zip: HOLMES BEACH, FL 34217

Title: TD () Delete
Name: CRALL, DALE
Address: 5400 GULF DRIVE #10
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SPRINKLE, CAROLYN
Address: 5400 GULF DR #43
City-St-Zip: BRADENTON BEACH, FL 34217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DALE CRALL

Electronic Signature of Signing Officer or Director

TD

01/15/2009

Date