

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 758945

**FILED**  
**Nov 13, 2008**  
**Secretary of State**

**Entity Name:** GATEHAVEN TOWNHOUSES ASSOCIATION, INC.

**Current Principal Place of Business:**

110 13TH STREET, S.W.  
NAPLES, FL 34117 US

**New Principal Place of Business:**

**Current Mailing Address:**

110 13TH STREET, S.W.  
NAPLES, FL 34117 US

**New Mailing Address:**

**FEI Number:** 83-0492712      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KNOWLES, CLAUDIUS  
110 13TH STREET, S.W.  
NAPLES, FL 34117 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: CLAUDIUS I. KNOWLES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KNOWLES, CLAUDIUS  
Address: 110 13TH STREET, S.W.  
City-St-Zip: NAPLES, FL 34117 US

Title: VD ( ) Delete  
Name: KNOWLES, LORNA  
Address: 110 13TH STREET, S.W.  
City-St-Zip: NAPLES, FL 34117 US

Title: D ( ) Delete  
Name: DEHAVILLAND, PAULETTE  
Address: 4595 19TH PLACE, S.W.  
City-St-Zip: NAPLES, FL 34116

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: DALEY, JASON  
Address: 4609 19TH PLACE  
City-St-Zip: NAPLES, FL 34116 US

Title: D (X) Change ( ) Addition  
Name: PLEZINE, GURLINE  
Address: 4607 19TH. PLACE S.W.  
City-St-Zip: NAPLES, FL 34116

Title: SEC ( ) Change (X) Addition  
Name: DALEY, TRUDYANN  
Address: 4609 19TH. PLACE S..W  
City-St-Zip: NAPLES, FL 34116

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: CLAUDIUS I. KNOWLES

Electronic Signature of Signing Officer or Director

PRES

11/13/2008

Date