

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758945

FILED
Apr 20, 2009
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 ()

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:

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: DALEY, JASON
Address: 4609 19TH PLACE
City-St-Zip: NAPLES, FL 34116 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CLAUDIUS I. KNOWLES

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date