

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743966

FILED
Jan 06, 2009
Secretary of State

Entity Name: GANTREE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

202 GENET CT.
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

202 GENET CT.
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 59-1880349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P JR
315 S HYDE PARK AVE
TAMPA, FL 33606 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: DUPEE, BEATRICE M
Address: 202 GENET CT.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VPD () Delete
Name: MUROSKI, PATRICIA
Address: 211 RICKENBACKER DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: SCOLES, ROBERTA
Address: 214 GENET CT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: ROBINSON, SHARA
Address: 203 GENET COURT
City-St-Zip: SUN CITY CENTER,, FL 33573

Title: D () Delete
Name: DUPEE, JAMES A SR
Address: 202 GENET CT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: T () Delete
Name: MOSS, JOANNE
Address: 205 RICKENBACKER DR.
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: HOULIHAN, EDITH
Address: 217 GENET COURT
City-St-Zip: SUN CITY CENTER, FL 33573

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

Title: D (X) Change () Addition
Name: HOULIHAN, JIM
Address: 217 GENET COURT
City-St-Zip: SUN CITY CENTER,, FL 33573

Title: D (X) Change () Addition
Name: FRERCKS, ELIZABETH
Address: 210 GENET COURT
City-St-Zip: SUN CITY CENTER, FL 33573

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: BEATRICE M. DUPEE

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date