

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748270

FILED
Sep 08, 2004
Secretary of State**Entity Name:** GORDONVILLE/GORDON HEIGHTS COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**2980 GAUSE DT
BARTOW, FL 33830**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 691
EAGLE LAKE, FL 33839**New Mailing Address:****FEI Number:** 59-3458331**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCKAY, PERRY E
2980 GAUSE STREET
BARTOW, FL 33830 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:** POP () Delete
Name: MCKAY, PERRY E
Address: 2980 GAUSE STREET
City-St-Zip: BARTOW, FL 33830**Title:** VD () Delete
Name: TILLMAN, JOSEPH
Address: 3269 NORTH AVENUE
City-St-Zip: BARTOW, FL 33830**Title:** TD () Delete
Name: ANDERSON, WILLIE
Address: 3279 NORTH AVENUE
City-St-Zip: BARTOW, FL 33830**Title:** S () Delete
Name: THOMPSON, DIANE
Address: 2903 DUDLEY DRIVE
City-St-Zip: BARTOW, FL 33830**Title:** D () Delete
Name: MING, SANDRA
Address: 2933 MORRIS DRIVE
City-St-Zip: BARTOW, FL 33830**Title:** D () Delete
Name: CLAY, CHARLES
Address: 91 MINE ROAD
City-St-Zip: BARTOW, FL 33830**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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 for the exemption stated in Section 119.07(3)(i), 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: PERRY E. MCKAY

POP

09/08/2004

Electronic Signature of Signing Officer or Director

Date