

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90497 032 ****61.25

DOCUMENT # 748270

1. Entity Name

**GORDONVILLE/GORDON HEIGHTS COMMUNITY ASSOCIATION
, INC.**



Principal Place of Business

**% DONNIE M. ALLEN
2393 GRIFFIN ROAD
BARTOW FL 33830**

Mailing Address

**P.O. BOX 691
EAGLE LAKE FL 33839**

2. Principal Place of Business

2980 Gause St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Zip

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3458331**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCKAY, PERRY E
2980 GAUSE STREET
BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **POP** ☐ Delete
NAME **MCKAY, PERRY E**
STREET ADDRESS **2980 GAUSE STREET**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **VD** ☐ Delete
NAME **TILLMAN, JOSEPH**
STREET ADDRESS **3269 NORTH AVENUE**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **TD** ☐ Delete
NAME **ANDERSON, WILLIE**
STREET ADDRESS **3279 NORTH AVENUE**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **S** ☐ Delete
NAME **THOMPSON, DIANE**
STREET ADDRESS **2903 DUDLEY DRIVE**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D** ☐ Delete
NAME **MING, SANDRA**
STREET ADDRESS **2933 MORRIS DRIVE**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D** ☐ Delete
NAME **CLAY, CHARLES**
STREET ADDRESS **91 MINE ROAD**
CITY-ST-ZIP **BARTOW FL 33830**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Perry E. McKay

4/20/03

863-533-2238

CR2E037 (10/02)