

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90455 034 ****61.25

DOCUMENT # N00000001818					
1. Entity Name GATELY OAKS UNIT FOUR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1404 SUN MARSH DR JACKSONVILLE, FL 32225			Mailing Address POB 350267 JACKSONVILLE, FL 32234		
2. Principal Place of Business - No P.O. Box # 1447 SUN MARSH DRIVE Suite, Apt. #, etc. #		3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc. -			
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FL		4. FEI Number 59-3639055	
Zip 32225		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, JAMES 1404 SUN MARSH DR JACKSONVILLE, FL 32225			7. Name and Address of New Registered Agent Name: JODI SCHOENFELD Street Address (P.O. Box Number is Not Acceptable): 1447 SUN MARSH DRIVE City: JACKSONVILLE FL Zip Code: 32225		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE </div> <div style="width: 40%; text-align: right;"> 4/25/07 DATE </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCANALLY, JENNIFER 1392 SUN MARSH DR JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JODI SCHOENFELD 1447 SUN MARSH DRIVE JACKSONVILLE, FLORIDA 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE SCHNEIDER, JAMES 1404 SUN MARSH DR JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DONNA THOMPSON 1452 SUN MARSH DRIVE JACKSONVILLE FLORIDA 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSTICK, CARLA 1409 SUN MARSH DR JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD OF DIRECTORS NANCY INGLE 1446 SUN MARSH DRIVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGAN, FAITH 12489 GAELY OAKS LANE JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD OF DIRECTORS DIANA EVANS SUN MARSH DRIVE JACKSONVILLE FLORIDA 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			4/25/07 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			904-224-9700 Daytime Phone #		