

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

08-31-2007 90001 032 \*\*\*\*61.25

<b>DOCUMENT # N00000005443</b>					
<b>1. Entity Name</b> GATELY OAKS UNIT FIVE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1615 MARIAH ANN CT JACKSONVILLE, FL 32225			<b>Mailing Address</b> 1615 MARIAH ANN CT JACKSONVILLE, FL 32225		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3721748	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PITRE, MICKEY 1615 MARIAH ANN CT S JACKSONVILLE, FL 32225			Name <u>Martha Williams</u> Street Address (P.O. Box Number is Not Acceptable) <u>PO Box 358564 12453 Mariah Ann Ct. S.</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32225</u>		
<b>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.</b>					
SIGNATURE <u><i>Martha Williams</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>8-28-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITRE, MICKEY		NAME	Martha Williams	
STREET ADDRESS	1615 MARIAH ANN COURT		STREET ADDRESS	12453 Mariah Ann Ct	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, DAVID		NAME	Phyllis Davenport	
STREET ADDRESS	12421 MARIAH COURT S		STREET ADDRESS	12485 Mariah Ann Ct. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, DONNA		NAME		
STREET ADDRESS	12837 MARIAH ANN COURT S		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURD, NORM		NAME	Kathleen White	
STREET ADDRESS	12426 MARIAH ANN COURT S		STREET ADDRESS	12472 Mariah Ann Ct. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jax. FL 32225	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u><i>Martha Williams</i></u>			Date <u>8-28-07</u> (904) <u>338-7360</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					