

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90188 026 ****61.25

DOCUMENT # N00000005443					
1. Entity Name GATELY OAKS UNIT FIVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1615 MARIAH ANN CT JACKSONVILLE, FL 32225			Mailing Address 1615 MARIAH ANN CT JACKSONVILLE, FL 32225		
2. Principal Place of Business - No P.O. Box # 12485 Mariah Ann Ct. S.		3. Mailing Address 12485 Mariah Ann Ct. S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222008 Chg-NP CR2E037 (12/06)	
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3721748	
Zip 32225		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, MARTHA 12453 MARIAH ANN CT S. JACKSONVILLE, FL 32225			7. Name and Address of New Registered Agent Name <u>Davenport, Phyllis J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>12485 Mariah Ann Ct. S.</u> City <u>Jacksonville</u> FL Zip Code <u>32225</u>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 4-23-08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		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 DP	NAME WILLIAMS, MARTHA	<input checked="" type="checkbox"/> Delete	TITLE DP	NAME Davenport, Phyllis J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12453 MARIAH ANN CT	JACKSONVILLE, FL 32225		STREET ADDRESS 12485 Mariah Ann Ct. S.	Jacksonville, FL 32225	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE DS	NAME DAVENPORT, PHYLLIS	<input checked="" type="checkbox"/> Delete	TITLE DS	NAME Dermody Deborah	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12485 MARIAH ANN CT S.	JACKSONVILLE, FL 32225		STREET ADDRESS 1631 Mariah Ann Ct. S.	Jacksonville, FL 32225	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE DT	NAME RICHTER, DONNA	<input checked="" type="checkbox"/> Delete	TITLE DT	NAME Edwards David	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12937 MARIAH ANN COURT S	JACKSONVILLE, FL 32225		STREET ADDRESS 12421 Mariah Ann Ct. S.	Jacksonville, FL 32225	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE DV	NAME WHITE, KATHLEEN	<input checked="" type="checkbox"/> Delete	TITLE DV	NAME White Kathleen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12472 MARIAH ANN CT S.	JACKSONVILLE, FL 32225		STREET ADDRESS 12472 Mariah Ann Ct. S.	Jacksonville, FL 32225	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE Member-At-Large	NAME	<input type="checkbox"/> Delete	TITLE Member-At-Large	NAME Damato Bruce	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS 12493 Mariah Ann Ct. S.	Jacksonville, FL 32225	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, 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		
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: 			4-23-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		