

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003594

FILED
Apr 27, 2007
Secretary of State

Entity Name: THE GILCHRIS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2005 W. CYPRESS CREEK ROAD
202
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6939 19 MILE ROAD
STERLING HEIGHTS, MI 48314

New Mailing Address:

FEI Number: 43-2010622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTTERS, SAMUEL
2005 W. CYPRESS CREEK ROAD
202
FT. LAUDERDALE, FL 33309 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: DP () Delete
Name: JANKOWSKI, PAUL C
Address: 6939 19 MILE ROAD
City-St-Zip: STERLING HEIGHTS, MI 48314

Title: DST () Delete
Name: JANKOWSKI, LISA M
Address: 6939 19 MILE ROAD
City-St-Zip: STERLING HEIGHTS, MI 48314

Title: DV () Delete
Name: BUTTERS, SAMUEL
Address: 2005 W. CYPRESS CREEK ROAD, SUITE 202
City-St-Zip: FT. LAUDERDALE, FL 33309

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LISA M. JANKOWSKI

DST

04/27/2007

Electronic Signature of Signing Officer or Director

Date