## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000005543

FILED Jul 10, 2006 Secretary of State

Entity Name: LOGAN GATE VILLAGE HOMEOWNERS ASSOCIATION INC.

urrent P	rincipal Place of Business:	New Prince	ipal Place of Business:
	SEMARY DRIVE L 33625		
Current Mailing Address:		New Mailing Address:	
. O. BOX AMPA, F			
	:: 59-3727311 FEI Number Applied For() FEI I nce with s. 607.193(2)(b), F.S., the corporation did not receiv	Number Not App	
lame and	d Address of Current Registered Agent:	Name and	Address of New Registered Agent:
	SEMARY DRIVE EL 33625 US		
	e named entity submits this statement for the purpose	e of changing i	ts registered office or registered agent, or bot
	e named entity submits this statement for the purpose e of Florida.	e of changing i	ts registered office or registered agent, or bot
the Stat	e of Florida. RE:	e of changing i	ts registered office or registered agent, or bot
the Stat	e of Florida.	e of changing i	ts registered office or registered agent, or bot  Date
the Stat	e of Florida. RE:		
the Stat	e of Florida.  RE:  Electronic Signature of Registered Agent		Date
n the Stati IGNATU PFFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  PD () Delete GILLIAM, JAMES D 6710 ROSEMARY DR.	ADDITION Title: Name: Address:	Date  IS/CHANGES TO OFFICERS AND DIRECT  PD (X) Change ( ) Addition  WRENN, MICHAEL L REV. 6806 WHITE CLIFFS WAY
n the Stati IGNATU PFFICER itle: ame: ddress:	e of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  PD () Delete GILLIAM, JAMES D 6710 ROSEMARY DR. TAMPA, FL 33625  VD () Delete WILLIAMS, FRED 12503 CARDIFF DRIVE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  IS/CHANGES TO OFFICERS AND DIRECT  PD (X) Change ( ) Addition  WRENN, MICHAEL L REV.  6806 WHITE CLIFFS WAY  TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the 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: DANA M. GILLIAM TD 07/10/2006