2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001279

FILED Apr 23, 2007 Secretary of State

Entity Name: GATELY MANORS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:
2180 W SF SUITE 500 LONGWO		2771-29 MONUMENT RD. #310 JACKSONVILLE, FL 32225
Current Mailing Address:		New Mailing Address:
2180 W. SR 434 SUITE 5000 LONGWOOD, FL 327795044		2771-29 MONUMENT RD #310 JACKSONVILLE, FL 32225
	ce with s. 607.193(2)(b), F.S., the corporation did not rec	•
Maille allu	Address of Current Registered Agent:	Name and Address of New Registered Agent:
		BAILEY, LAURA 12498 MT. PLEASANT WOODS DR. JACKSONVILLE, FL 32225 US
The above in the State		ose of changing its registered office or registered agent, or both,
SIGNATURE: LAURA BAILEY		04/23/2007
	Electronic Signature of Registered Agent	Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD () Delete ALEXANDER, WAYNE 12490 MT PLEASANT WOODS DR JACKSONVILLE, FL 32225	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VPD () Delete BAILEY, LAURA 12498 MT PLEASANT WOODS DR JACKSONVILLE, FL 32225	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SD () Delete TAYLOR, EVELYN 12434 MT PLEASANT WOODS DR JACKSONVILLE, FL 32225	Title: SD (X) Change () Addition Name: PERSOFF, IRMA Address: 12474 MT PLEASANT WOODS DR City-St-Zip: JACKSONVILLE, FL 32225
Title: Name: Address: City-St-Zip:	TD () Delete PERSOFF, IRMA 12474 MT PLEASANT WOODS DR JACKSONVILLE, FL 32225	Title: TD (X) Change () Addition Name: WHITE, SHIRLEY Address: 12499 MT PLEASANT WOODS DR City-St-Zip: JACKSONVILLE, FL 32225
Title: Name: Address: City-St-Zip:	D (X) Delete WHITE, SHIRLEY 12499 MT PLEASANT WOODS DR JACKSONVILLE, FL 32225	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: LAURA BAILEY VPD 04/23/2007