

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001279

FILED
Jan 13, 2008
Secretary of State

Entity Name: GATELY MANORS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2771-29 MONUMENT RD. #310
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

2771-29 MONUMENT RD #310
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 16-1621785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, LAURA
12498 MT. PLEASANT WOODS DR.
SUITE 5000
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

BAILEY, LAURA
12498 MT. PLEASANT WOODS DR.
JACKSONVILLE, FL 32225 US

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:

01/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALEXANDER, WAYNE
Address: 12490 MT PLEASANT WOODS DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD () Delete
Name: BAILEY, LAURA
Address: 12498 MT PLEASANT WOODS DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: PERSOFF, IRMA
Address: 12474 MT PLEASANT WOODS DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: WHITE, SHIRLEY
Address: 12499 MT PLEASANT WOODS DR
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BAILEY, LAURA
Address: 12498 MT PLEASANT WOODS DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD (X) Change () Addition
Name: RITTER, CONNIE
Address: 12414 MT PLEASANT WOODS DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD (X) Change () Addition
Name: ALDRICH, KARLA
Address: 12459 MT PLEASANT WOODS DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD (X) Change () Addition
Name: RITTER, DENE
Address: 12414 MT PLEASANT WOODS DR
City-St-Zip: JACKSONVILLE, FL 32225

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

PD

01/13/2008

Electronic Signature of Signing Officer or Director

Date