

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007025

FILED
Mar 21, 2005
Secretary of State

Entity Name: GOMEZ HILLS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3890 SE QUANSET TERRACE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

100 S BIRCH RD STE 2801
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOFFMAN, STEPHEN V ESQ.
1500 N FEDERAL HWY STE 200
FORT LAUDERDALE, FL 33304 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: DPT () Delete
Name: KOZEL, PAUL
Address: 100 S BIRCH RD STE 2801
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DVS () Delete
Name: DOYLE, JOHN
Address: 1752 NE 12TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: ZINDA, CHAD
Address: 6300 NW 5TH WAY
City-St-Zip: FORT 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 for the exemption stated in Section 119.07(3)(i), 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: PAUL KOZEL

DPT

03/21/2005

Electronic Signature of Signing Officer or Director

Date