

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03155

1. Entity Name

PLAZA GATE TOWNHOMES AND VILLAS ASSOCIATION, INC

Principal Place of Business

8141 VILLAGE GATE CT.
JACKSONVILLE FL 32217
US

Mailing Address

8141 VILLAGE GATE CT.
JACKSONVILLE FL 32217
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2910333

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARY E. CREECY
8141 VILLAGE GATE CT.
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D WILLIAMS, PATTI
NAME
STREET ADDRESS 8173 PLAZA GATE LN
CITY-ST-ZIP JACKSONVILLE FL 32217

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S Snyder, Rose Ann
8157 Village Gate Ct
Jacksonville, FL 32217

Change

Addition

TITLE CREECY, MARY E.
NAME
STREET ADDRESS 8141 VILLAGE GATE CT.
CITY-ST-ZIP JACKSONVILLE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE D GIMINIANI, MIKE
NAME
STREET ADDRESS 8137 VILLAGE GATE CT
CITY-ST-ZIP JACKSONVILLE FL 32217

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE D SABATINO, SYLVIA
NAME
STREET ADDRESS 8072 VILLAGE GATE CT
CITY-ST-ZIP JACKSONVILLE FL 32217

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary E. Creecy, Treasurer* 4/16/02 904/737-2213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)