

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90308 011 \*\*\*\*61.25

**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

Zip

Country

Zip

Country

02252004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2910333**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	SNYDER, ROSE ANN	
STREET ADDRESS	8157 VILLAGE GATE CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CREECY, MARY E.	
STREET ADDRESS	8141 VILLAGE GATE CT.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIMINIANI, MIKE	
STREET ADDRESS	8137 VILLAGE GATE CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SABATINO, SYLVIA	
STREET ADDRESS	8072 VILLAGE GATE CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAVELA, CAROLYN	
STREET ADDRESS	8064 VILLAGE GATE CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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* **Mary E. Creecy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/04** **904/737-2213**

Date

Daytime Phone #