

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90064 015 \*\*\*\*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

**20032186**



04112005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE SD  
NAME SNYDER, ROSE ANN  
STREET ADDRESS 8157 VILLAGE GATE CT  
CITY-ST-ZIP JACKSONVILLE, FL 32217

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

4/11/05

904/737-2213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #