

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

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**



04112006 No Chg-NP CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SNYDER, ROSE ANN 8157 VILLAGE GATE CT JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CREECY, MARY E. 8141 VILLAGE GATE CT. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GIMINIANI, MIKE 8137 VILLAGE GATE CT JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SABATINO, SYLVIA 8072 VILLAGE GATE CT JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/26/06-80112-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

4-12-06 904-737-2213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #