

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-08-2003 90105 021 ****61.25

DOCUMENT # N03598

1. Entity Name

GAMSBY HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~3133 SW 32 AVE~~ **206 SE Wenona Ave.**
~~OCALA FL 34471~~ **Ocala, FL 34471**

~~3133 SW 32 AVE~~ **206 SE Wenona Ave.**
~~OCALA FL 34471~~ **Ocala, FL 34471**

2. Principal Place of Business

3. Mailing Address

206 SE Wenona Ave

206 SE Wenona Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip **34471**

Country **USA**

Zip **34471**

Country **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CROLEY, THOMAS L.~~
~~3133 SW 32 AVE~~
~~OCALA FL 34471~~

Name **Leah Taylor Gibson**

Street Address (P.O. Box Number is Not Acceptable)

206 SE Wenona Ave.

City

Ocala

FL

Zip Code **34471**

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

Leah Taylor Gibson

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

(NOTE: Registered Agent signature required when reinstating)

2/13/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDS**
NAME **CROLEY, THOMAS L. M.D.** ☒ Delete
STREET ADDRESS **3133 SW 32 AVE.**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **President** ☒ Change ☐ Addition
NAME **Leah Taylor Gibson**
STREET ADDRESS **206 SE Wenona Avenue** **D**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **T** ☒ Delete
NAME **CROLEY, DEBBI R**
STREET ADDRESS **3220 S.W. 17 AVE.**
CITY-ST-ZIP **OCALA FL**

TITLE **TREASURER** ☐ Change ☐ Addition
NAME **ROD PIERZYNSKI**
STREET ADDRESS **202 SE WENONA AVE** **D**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **T** ☒ Delete
NAME **CRAMER, RALP L**
STREET ADDRESS **3133-7032 AVE.**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **SECRETARY** ☐ Change ☐ Addition
NAME **AMY GIBSON**
STREET ADDRESS **202 SE WENONA AVE** **D**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 persons empowered.

SIGNATURE

Leah Taylor Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/03

352-402-0480

Date

Daytime Phone #

CP2E037 (10/02)