## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001250

FILED Mar 12, 2005 Secretary of State

Entity Name: GORDON OAKS HOMFOWNERS ASSOCIATION INC

urrent P	rincipal Place of Business:	New Principal Place of Business:
25 SOUT AMPA, F		205 RIDGEWOOD AVE. TAMPA, FL 33610
urrent M	lailing Address:	New Mailing Address:
25 SOUT AMPA, F		P.O. BOX 2522 TAMPA, FL 33595
El Number	: FEI Number Applied For (X)	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
lame and	I Address of Current Registered Agent	: Name and Address of New Registered Agent:
AMES, JU 25 SOUT AMPA, F		
25 SOUT AMPA, F	TH BLVD. L 33606 US	he purpose of changing its registered office or registered agent, or bot
25 SOUT AMPA, F	H BLVD. L 33606 US e named entity submits this statement for t e of Florida.	he purpose of changing its registered office or registered agent, or bot
25 SOUT AMPA, F he above the State	H BLVD. L 33606 US e named entity submits this statement for t e of Florida.	
25 SOUT AMPA, F he above the State	H BLVD. L 33606 US e named entity submits this statement for t e of Florida. RE:	
25 SOUT AMPA, F he above the State	H BLVD. L 33606 US e named entity submits this statement for the of Florida.  RE:  Electronic Signature of Registered	Agent Date
25 SOUT AMPA, F he above in the State IGNATUI PFFICER: tte: ame: ddress:	TH BLVD. L 33606 US  e named entity submits this statement for the of Florida.  RE:  Electronic Signature of Registered  S AND DIRECTORS:  D () Delete  AMADEN, WALTER D 205 RIDGEWOOD AVE.	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE L. SIMS D 03/12/2005