

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90005 013 ****61.25

DOCUMENT # N04000001250 1. Entity Name GORDON OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 205 RIDGEWOOD AVE. TAMPA, FL 33610			Mailing Address P.O. BOX 3576 APOLLO BEACH, FL 33572		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 3335			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Plant City, FL		4. FEI Number 16-1745435	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, JUDITH L 325 SOUTH BLVD. TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Marcie Henderson Street Address (P.O. Box Number is Not Acceptable) 1213 Gordon Oaks Dr City Plant City FL Zip Code 33563		
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 <u><i>Marcie Henderson</i></u> DATE <u>1/13/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D: <input checked="" type="checkbox"/> Delete AMADEN, WALTER D 205 RIDGEWOOD AVE. BRANDON, FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Audrey King 1206 Gordon Oaks Dr. Plant City, FL 33563		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D: <input checked="" type="checkbox"/> Delete SIMS, RONNIE 205 RIDGEWOOD AVE. BRANDON, FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Mike Huber 1603 Rydell Plant City, FL 33563		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D: <input checked="" type="checkbox"/> Delete SIMS, DONNA 205 RIDGEWOOD AVE. BRANDON, FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Peter Gathers 1604 Rydell Plant City, FL 33563		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Chairman Bob Wheeler 1229 Gordon Oaks Plant City, FL 33563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Erick Wolfe 1602 Cason Wood Plant City, FL 33563		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Vice Chairman Roger Burrage 1221 Gordon Oaks Plant City, FL 33563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Treasurer Marcie Henderson 1213 Gordon Oaks Dr Plant City, FL 33563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Marcie Henderson</i></u> <u>1/13/07</u> <u>813-473-3302</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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