


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N04000001250</b> 1. Entity Name <b>GORDON OAKS HOMEOWNERS ASSOCIATION, INC.</b>	
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**FILED**  
**Jul 25, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>205 RIDGEWOOD AVE. TAMPA, FL 33610</b>	Mailing Address <b>PO BOX 3335 PLANT CITY, FL 33563</b>
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07192008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>16-1745435</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HENDERSON, MARCIE 1213 GORDON OAKS DR PLANT CITY, FL 33563</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000956321 07/25/08-80003-010 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, AUDREY 1206 GORDON OAKS DR PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, MIKE 1603 RYDELL PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATHERS, PETER 1604 RYDELL PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, ERICK 1602 CASON WOOD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WHEELER, BOB 1229 GORDON OAKS PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BURRAGE, ROGER 1221 GORDON OAKS PLANT CITY, FL 33563

**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:** M. Henderson **7/19/08** **813-431-0635**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #