2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001250

FILED Apr 20, 2009 Secretary of State

Entity Name: GORDON OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 205 RIDGEWOOD AVE. 1229 GORDON OAKS DRIVE TAMPA, FL 33610 PLANT CITY, FL 33563 **Current Mailing Address: New Mailing Address:** PO BOX 3335 PLANT CITY, FL 33563 FEI Number: 16-1745435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENDERSON, MARCIE WHEELER, ROBERT 1213 GORDON OAKS DR 1229 GORDON OAKS DRIVE PLANT CITY, FL 33563 PLANT CITY, FL 33563 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. SIGNATURE: ROBERT WHEELER 04/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KING, AUDREY Name: Name: 1206 GORDON OAKS DR Address: Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: Title: Title: (X) Change () Addition () Delete HUBER, MIKE Name: WHEELER, ROBERT Name: Address: 1603 RYDELL Address: 1229 GORDON OAKS DRIVE City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: PLANT CITY, FL 33563 Title: () Delete Title: (X) Change () Addition GATHERS, PETER BURRAGE, ROGER Name: Name: 1221 GORDON OAKS DR Address: 1604 RYDELL Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: PLANT CITY, FL 33563 Title: (X) Delete Title: () Change () Addition Name: WOLFE, ERICK Name: Address: 1602 CASON WOOD Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: Title: (X) Delete Title: () Change () Addition WHEELER, BOB Name: Name: 1229 GORDON OAKS Address: Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: Title: (X) Delete Title: () Change () Addition BURRAGE, ROGER Name: Name: Address: 1221 GORDON OAKS Address: PLANT CITY, FL 33563 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT WHEELER C 04/20/2009