


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000002124 1. Entity Name GALLAGHER OAKS HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1317 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815	Mailing Address 1317 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815
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03012006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

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

8. Name and Address of Current Registered Agent TWOMEY, CLAIRE 1317 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHODES, TJUANYA 1332 7TH COURT LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCONNELL, LAURA 1335 7TH COURT LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REID, DORIS 1327 7TH COURT LAKELAND, FL 33805
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/24/06-80009-019 61.25

**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: Tjuanya Rhodes Tjuanya Rhodes 3-13-06 863-688-4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #