2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007628

1. Entity Name
GATLIN COMMONS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5332 ORCHID BAY DRIVE PALM CITY, FL 34990	5332 ORCHID BAY DRIVE PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

03212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-2898380
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DODT, HAROLD
5332 SW ORCHID BAY DRIVE
PALM CITY, FL 34990

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

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	P
NAME	DODT, HAROLD
STREET ADDRESS	5332 SW ORCHID BAY DR
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VP
NAME	DOUGLAS, JEFF
STREET ADDRESS	59 STONE ROAD
CITY-ST-ZIP	KENNEBUNKPORT, ME 04046
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/06-80004-013 61.25

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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: Harold Dodt 3-30-06 772-781-5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #