

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001821

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** GATELY RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9309 OLD KINGS ROAD SOUTH  
SUITE 1A  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

9309-1A OLD KINGS ROAD SOUTH  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

9309 OLD KINGS ROAD SOUTH  
SUITE 1A  
JACKSONVILLE, FL 32257

**New Mailing Address:**

9309-1A OLD KINGS ROAD SOUTH  
JACKSONVILLE, FL 32257

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPSTONE DEVELOPMENT, LLC  
9309 OLD KINGS ROAD SOUTH  
SUITE 1A  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

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: GWEN HUTCHESON GRIGGS, EVP

04/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EDMONDS, DANA  
Address: 9309 OLD KINGS ROAD SOUTH, SUITE 1A  
City-St-Zip: JACKSONVILLE,, FL 32259

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: EDMONDS, DANA  
Address: 9309-1A OLD KINGS ROAD SOUTH  
City-St-Zip: JACKSONVILLE,, FL 32257

Title: DV ( ) Change (X) Addition  
Name: CUTTS, WILLIAM  
Address: 9309-1A OLD KINGS ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Change (X) Addition  
Name: EDMONDS, STEVE  
Address: 9309-1A OLD KINGS ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM CUTTS

VP

04/28/2006

Electronic Signature of Signing Officer or Director

Date