

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90044 035 ****61.25

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DOCUMENT # N05000001821 1. Entity Name GATELY RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257			Mailing Address 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box # 6215 Wilson Blvd.		3. Mailing Address P.O. Box 7779			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number APPLIED FOR 20-8263991	
Zip 32210		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Towers, Elizabeth F Street Address (P.O. Box Number is Not Acceptable) 6215 Wilson Blvd. City Jacksonville FL 32210			
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 <u><i>Elizabeth J. Towers</i></u> <u><i>Elizabeth F. Towers</i></u> <u><i>4-30-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST EDMONDS, DANA 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CUTTS, WILLIAM 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDMONDS, STEVE 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President William B. Towers, III 6215 Wilson Blvd. Jacksonville, FL 32210				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S/T Elizabeth F. Towers 6215 Wilson Blvd. Jacksonville, FL 32210				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: <u><i>Elizabeth J. Towers</i></u> <u><i>Elizabeth F. Towers</i></u> <u><i>4-30-07</i></u> <u><i>904-778-1888</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					