2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N05000001821

Entity Name: GATELY RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12364 GATELY RIDGE CT.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

12364 GATELY RIDGE CT.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-8263991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATE, JERRY
12364 GATELY RIDGE CT.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	PATE, JERRY	
Address:	12364 GATELY RIDGE CT.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	VP	( ) Delete
Name:	HOLTHOUSE, JEFFREY	
Address:	12321 GATELY RIDGE CT.	
City-St-Zip:	JAACKSONVILLE, FL 32225	
Title:	SEC	( ) Delete
Name:	ROUNDS, DAVID	
Address:	12352 GATELY RIDGE CT.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	TREA	( ) Delete
Name:	MCANDREWS, LINDA	
Address:	12363 GATELY RIDGE CT.	
City-St-Zip:	JACKSONVILLE, FL 32225	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: JERRY PATE PRES 01/16/2009

Electronic Signature of Signing Officer or Director — Date