2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004596

FILED Jan 13, 2009 Secretary of State

Entity Name: GENTLE WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4736 BLANDING BLVD JACKSONVILLE, FL 32210

Current Mailing Address: New Mailing Address:

P.O. BOX 350210 JACKSONVILLE, FL 322350210

FEI Number: 20-3793168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HALL, GEORGE HG

4736 BLANDING BLVD

JACKSONVILLE, FL 32210 US

HALL, GEORGE H G

4736 BLANDING BLVD

JACKSONVILLE, FL 32210 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: GEORGE H.G. HALL 01/13/2009

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32244

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 322443656

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 SMITH, ELIZABETH
 Name:
 SMITH, ELIZABETH A

 Address:
 PO BOX 441684
 Address:
 PO BOX 441685

City-St-Zip: JACKSONVILLE, FL 32222 City-St-Zip: JACKSONVILLE, FL 322220017

Title: VPD () Delete Title: VPD (X) Change () Addition Name: BATHE, GERRY Name: RAMPERSAD, KENNETH Address: 6659 GENTLE OAKS DR W

Title: STD () Delete Title: STD (X) Change () Addition

Name:WILLIAMS, LENAName:WILLIAMS, LENA FAddress:6566 GENTLE OAKS DR SAddress:6566 GENTLE OAKS DR SCity-St-Zip:JACKSONVILLE, FL 32244City-St-Zip:JACKSONVILLE, FL 322443660

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: WILLIAM W. THOMPSON AGT 01/13/2009