2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000479

FILED Jul 05, 2007 Secretary of State

Entity Name: CHURCHILL BEND AT THE GATES HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3450 BUSCHWOOD PARK DR., STE. 250 TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 3450 BUSCHWOOD PARK DR., STE. 250 TAMPA, FL 33618 FEI Number: 20-4643036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CFRA, LLC LAMB, BRIAN K 4221 W. BOY SCOUT BLVD., STE. 1000 2002 N. LOIS AVENUE TAMPA, FL 33607 SUITE 507 TAMPA, FL 33607 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. 07/05/2007 SIGNATURE: BRIAN K. LAMB Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WILKINSON, J. CURT Name: Name: Address: 3450 BUSCHWOOD PARK DR., STE. 250 Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CAVALIERE, DAVE Name: Address: 3450 BUSCHWOOD PARK DR., STE. 250 Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: DST () Delete Title: () Change () Addition FIREBOUGH, CHLOE Name: Name: 3450 BUSCHWOOD PARK DR., STE. 250 Address: Address: City-St-Zip: TAMPA, FL 33618 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: CHLOE FIREBAUGH DST 07/05/2007