

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004465

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: GATE PARKWAY WEST ROAD MAINTENANCE ASSOCIATION, INC.

## Current Principal Place of Business:

11555 CENTRAL PARKWAY  
SUITE 603  
JACKSONVILLE, FL 32224

## New Principal Place of Business:

6620 SOUTHPOINT DR. SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216

## Current Mailing Address:

11555 CENTRAL PARKWAY  
SUITE 603  
JACKSONVILLE, FL 32224

## New Mailing Address:

6620 SOUTHPOINT DR SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216

FEI Number: 20-5982549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COTTERILL, RON  
1010 N FLORIDA AVE  
TAMPA, FL 33602 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: DP ( ) Delete  
Name: GENOVESE, BILL  
Address: 5210 BELFORT ROAD SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS ( ) Delete  
Name: WRIGHT, ROB  
Address: 8261 HIGHGATE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: ARNOLD, TODD  
Address: 3856 LIONHEART DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: CASSADY, JEN  
Address: 8295 HEDGEWOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: HESS, MICHAEL  
Address: 8290 GATE PARKWAY WEST  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DT ( ) Delete  
Name: STARLING, JOHN  
Address: 9000 CYPRESS GREEN DIRVE, SUITE 107-B  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: GENOVESE, BILL  
Address: 5210 BELFORT ROAD SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32216

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:

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: DAVID LITTLE

PM

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date