

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007552

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE VILLAS AT GREEN GATE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

28114 COUNTY RD 561
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

28114 COUNTY RD 561
TAVARES, FL 32778

New Mailing Address:

FEI Number: 20-5545967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEY, DONNA
28114 COUNTY RD 561
TAVARES, FL 32778 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: BROCKIE, SCOTT
Address: 28114 COUNTY RD 561
City-St-Zip: TAVARES, FL 32778

Title: DV (X) Delete
Name: MAKIN, SUZANNE
Address: 28114 COUNTY RD 561
City-St-Zip: TAVARES, FL 32778

Title: DST () Delete
Name: KEY, DONNA
Address: 28114 COUNTY RD 561
City-St-Zip: TAVARES, FL 32778

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:

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: SCOTT BROCKIE

DP

04/20/2009

Electronic Signature of Signing Officer or Director

Date