


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90025 003 ****61.25

DOCUMENT # N07000007029 1. Entity Name GABRIEL GROVE ESTATES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 10651 LAKELAND HIGHWAY DADE CITY, FL 33525			Mailing Address 10651 LAKELAND HIGHWAY DADE CITY, FL 33525		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-2071629	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY W. HICKS, P.A. 3003 WEST AZEELE STREET 200 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Valerie E. Gabriel Street Address (P.O. Box Number is Not Acceptable) 10651 Old Lakeland Hwy City Dade City FL Zip Code 33525		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Valerie E. Gabriel</i></u> 4-16-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D <input type="checkbox"/> Delete GABRIEL, VALERIE 10651 LAKELAND HIGHWAY DADE CITY, FL 33525		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Valerie E. Gabriel</i></u> 4-16-08 353-567-3797 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					
<u><i>Valerie E. Gabriel</i></u>					

ATTACHMENT
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#N07080007029

CP 575 A

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DATE OF THIS NOTICE: 02-29-2008

EMPLOYER IDENTIFICATION NUMBER: 26-2071629

FORM: SS-4

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GABRIEL GROVE ESTATES HOMEOWNERS
ASSOCIATION
% VALERIE GABRIEL
10651 OLD LAKELAND HWY
DADE CITY, FL 33525