

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010757

FILED
Mar 11, 2009
Secretary of State

Entity Name: ORLANDO GATEWAY PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

21 NORTH MAIN STREET SUITE 202
ALPHARETTA, GA 30004

New Principal Place of Business:

2520 NORTHWINDS PARKWAY
SUITE 325
ALPHARETTA, GA 30009

Current Mailing Address:

21 NORTH MAIN STREET SUITE 202
ALPHARETTA, GA 30004

New Mailing Address:

2520 NORTHWINDS PARKWAY
SUITE 325
ALPHARETTA, GA 30009

FEI Number: 26-1508536 **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:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE, SUITE 1000 (JGW)
ORLANDO, FL 32801 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: JAMES G. WILLARD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SMITH, STEVEN C
Address: 21 NORTH MAIN STREET SUITE 202
City-St-Zip: ALPHARETTA, GA 30004

Title: DT () Delete
Name: FURROW, GARY
Address: 21 NORTH MAIN STREET SUITE 202
City-St-Zip: ALPHARETTA, GA 30004

Title: D () Delete
Name: TOWNSON, WES
Address: 402 WASHINGTON STREET SUITE 200
City-St-Zip: GAINESVILLE, GA 30503

Title: V () Delete
Name: GOOD, CARSON
Address: 174 WEST COMSTOCK AVE, SUITE 114
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: FREIRE, JULIE
Address: 21 NORTH MAIN STREET SUITE 202
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMITH, STEVEN C
Address: 2520 NORTHWINDS PARKWAY, SUITE 325
City-St-Zip: ALPHARETTA, GA 30009

Title: DT (X) Change () Addition
Name: FURROW, GARY
Address: 2520 NORTHWINDS PARKWAY, SUITE 325
City-St-Zip: ALPHARETTA, GA 30009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FREIRE, JULIE
Address: 2520 NORTHWINDS PARKWAY, SUITE 325
City-St-Zip: ALPHARETTA, GA 30009

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: STEVEN C. SMITH

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date