

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24493

FILED
Jan 31, 2009
Secretary of State

Entity Name: VILLAS AT GATOR TRACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4168 A GATOR TRACE
FT. PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

4168 A GATOR TRACE
FT. PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 65-0082326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNNER, JANET
4168-A GATOR TRACE VILLAS CIRCLE
FT PIERCE, FL 34982 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: VPD () Delete
Name: BROGA, PAUL
Address: 417A GATOR TR VILLAS CR
City-St-Zip: FORT PIERCE, FL 34982

Title: PD () Delete
Name: CAWTHORNE, DALE
Address: 4176 B GATOR TRACE VILLAS CR
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: WORTHING, MARIE
Address: 4178 A GATOR TRACE VILLAS CR
City-St-Zip: FT. PIERCE, FL 34982

Title: D () Delete
Name: HARKNETT, RAYMOND
Address: 4163 B GATOR TRACE VILLAS CR
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: BROGA, SHIRLEY
Address: 4174 A GATOR TR VILLAS CR
City-St-Zip: FORT PIERCE, FL 34982

Title: S () Delete
Name: LEWIS, JANE
Address: 4183 A COATOR TRACE VILLAS CR.
City-St-Zip: FORT PIERCE, FL 34982

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:

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

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

Title: S (X) Change () Addition
Name: LEWIS, JANE
Address: 4183 A GATOR TRACE VILLAS CR.
City-St-Zip: FORT PIERCE, FL 34982

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: DALE CAWTHORNE

PD

01/31/2009

Electronic Signature of Signing Officer or Director

Date