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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # **N28744** **(3)**

1. Corporation Name

GATLIN HEIGHTS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LEE JONES 4766 DEER RD ORLANDO FL 32812	C/O R.C. PRIBBLE 5308 WINFREE DR ORLANDO FL 32812 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2888547 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JONES, LEE
4766 DEER RD
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: W. Lee Jones Jr. — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: March 18, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	JONES, LEE	12 NAME		
STREET ADDRESS	4766 DEER RD	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	GAYNOR, BESA	22 NAME		
STREET ADDRESS	4721 INDIAN GAP DR	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	GARRIDO, REGINA	32 NAME		
STREET ADDRESS	5335 TRIBUNE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	PRIBBLE, RICHARD	42 NAME		
STREET ADDRESS	5308 WINFREE DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	FISHER, SHARON	52 NAME		
STREET ADDRESS	5336 TRIBUNE DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	JARDANEH, BONNIE	62 NAME		
STREET ADDRESS	4750 DEER ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard C. Pribble — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3/17/95 — Date — 407-275-9649 — Daytime Phone #