

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32808

FILED
Mar 18, 2009
Secretary of State

Entity Name: CASTLEGATE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

23 QUEEN ANNE CT
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

23 QUEEN ANNE CT
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2962589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLUZZI, PHILIP
23 QUEEN ANNE CT
ORMOND BEACH, FL 32174 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: P () Delete
Name: GALLUZZI, PHILIP
Address: 23 QUEEN ANNE CT
City-St-Zip: ORMOND BEACH, FL 32174

Title: TS () Delete
Name: NEALY, MICHAEL
Address: 11 QUEEN ANNE CT
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL NEALY

TS

03/18/2009

Electronic Signature of Signing Officer or Director

Date