2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N35989

1. Entity Name
GATES MILLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
30 WICKLIFFE DR NAPLES, FL 34110 US	30 WICKLIFFE DR NAPLES, FL 34110 US

DO NOT WRITE IN THIS SPACE

03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARTLEY, ROSEMARIE
30 WICKLIFFE DR
NAPLES, FL 34110

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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 ____

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000869799
04/09/08--80063--021 **61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARTLEY, ROSEMARIE
STREET ADDRESS	30 WICKLIFFE DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	V
NAME	GILLESPIE, JEFF A
STREET ADDRESS	29 WICKLIFFE DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	S
NAME	CIANI, MADELYN
STREET ADDRESS	26 WICKLIFFE DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	TD
NAME	DYKES, NANCY E
STREET ADDRESS	31 WICKLIFFE DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	TAWROSKI, ANNETTE
STREET ADDRESS	47 WICKLIFFE DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Nancy E. Dykes Nancy E. Dykes 3/24/08 (239)566-3685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #