

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90008 012 ****61.25

DOCUMENT # N39017

1. Entity Name
GATELY OAKS UNIT I HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business
1669 TIGER CREEK LN WEST
JACKSONVILLE, FL 32225 US

Mailing Address
GATELY OAKS HOMEOWNERS ASSOC
P. O. BOX 350613
JACKSONVILLE, FL 32235 US

9000000



DO NOT WRITE IN THIS SPACE

01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3112349

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PITTMAN, ANN
12369 TIGER CREEK LN
JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, ROBERT
STREET ADDRESS	1669 TIGER CREEK LN WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	SD
NAME	PEACE, VIRGINIA
STREET ADDRESS	12363 TIGER CREEK LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	TD
NAME	PITTMAN, ANN
STREET ADDRESS	P. O. BOX 350613
CITY-ST-ZIP	JACKSONVILLE, FL 32235
TITLE	VPD
NAME	BOHLKE, BILL
STREET ADDRESS	12449 GATELY OAKS LANE EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	VPD
NAME	Seiler, Robert
STREET ADDRESS	12331 Sarah Towers Ln S
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Ann Pittman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08
Date

Daytime Phone #