

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39017

FILED
Jan 12, 2009
Secretary of State

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

Current Principal Place of Business:

1669 TIGER CREEK LN WEST
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3112349 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PITTMAN, ANN
12369 TIGER CREEK LN
JACKSONVILLE, FL 32225 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: PD () Delete
Name: DAVIS, ROBERT
Address: 1669 TIGER CREEK LN WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: PEACE, VIRGINIA
Address: 12363 TIGER CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: PITTMAN, ANN
Address: P. O. BOX 350613
City-St-Zip: JACKSONVILLE, FL 32235

Title: VPD () Delete
Name: SEILER, ROBERT
Address: 12331 SARAH TOWERS LN S
City-St-Zip: JACKSONVILLE, FL 32225

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:

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: ANN PITTMAN

MS.

01/12/2009

Electronic Signature of Signing Officer or Director

Date