
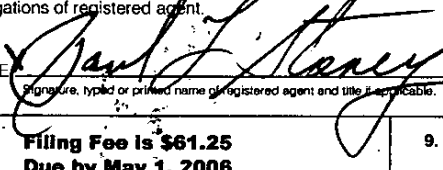



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90220 035 \*\*\*\*61.25

<b>DOCUMENT # N47861</b>					
<b>1. Entity Name</b> GATLIN PLACE HOMEOWNERS ASSOCIATION OF ORANGE COUNTY, INC.					
<b>Principal Place of Business</b> P O BOX 561629 ORLANDO, FL 32856-1629 US			<b>Mailing Address</b> P O BOX 561629 ORLANDO, FL 32856-1629 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3074394	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
STONEY, PAUL 3713 GATLIN RIDGE DR ORLANDO, FL 32812			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> D	<b>NAME</b> HOFFMAN, JENNIFER	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP	<b>NAME</b> Heller, Andy
<b>STREET ADDRESS</b> 3862 GATLIN PLACE CIRCLE	<b>CITY-ST-ZIP</b> ORLANDO, FL 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> S	<b>NAME</b> HEATH, SANDY	<input type="checkbox"/> Delete		<b>TITLE</b> Treasurer	<b>NAME</b> Adkins, Fred
<b>STREET ADDRESS</b> 3631 GATLIN PLACE CIRCLE	<b>CITY-ST-ZIP</b> ORLANDO, FL 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> VP	<b>NAME</b> ANDERSON, DICK	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 3404 GATLIN PL	<b>CITY-ST-ZIP</b> ORLANDO, FL 32812	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> Special Projects	<b>NAME</b> FLOWERS, KEN	<input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 3427 GATLIN PL CR	<b>CITY-ST-ZIP</b> ORLANDO, FL 32812	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> P	<b>NAME</b> STONEY, PAUL	<input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 3713 GATLIN RIDGE DR	<b>CITY-ST-ZIP</b> ORLANDO, FL 32812	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>  Fred Adkins 4/21/06 407-273-7181					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					