2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name GATLIN PLACE HOMEOWNERS ASSOCIATION OF ORANGE COUNTY, INC.							04-27-2006	5 90220 03	35 ****61.	25			
P O BOX 561629 P				Mailing Address P O BOX 561629 ORLANDO, FL 32856-1629 US							hran kidil 616h Sil		
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04192006	Chg-NP	CR2E	037 (11/05)		
City & State			City & State				4. FEI Numbe 59-3074				pplied For ot Applicable		
Zip	Zip Country		Zip C		Cou	intry	5. Certificate of Status Desired See			\$8.75 Ad Fee Require	ditional ed		
	6. Name	and Address of Curren	t Registere	d Agent	·			7. Name and	Address of Ne	w Registered	l Agent		
STONEY, PAUL						Name							
3713 GATLIN RIDGE DR				Street Address			ddress (F	(P.O. Box Number is Not Acceptable)					
•				City				FL Zip Code					
	tions of regist	y submits this statement flered agent.	gae	4			registeri	ed agent, or both	ii, iii tiie State o	riorioa. Tar		, ано ассерг	
in state .	Filing Fe	e is \$61.25		9. Election Ca	mpaign F	inancing		\$5.00 May Bo	e		ck payable 1		
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	Due by N HOFFMAI 3862 GAT	e is \$61.25		9. Election Ca	mpaign F Contributi 111. TITLE NAM STRE	Financing ion.	U VP Hel 377	\$5.00 May Be Added to Fees ADDITIONS/CHA	ANDY ANDY	Make che Florida Depa ICERS AND (ck payable to artment of S DIRECTORS IN Change	itate	
10. TITLE NAME STREET ADDRESS	DUE BY NO	e is \$61.25 flay 1, 2006 OFFICERS AND D N, JENNIFER ILIN PLACE CIRCLE D, FL 32812		9. Election Ca Trust Fund	mpaign F Contributi 11. IIILE NAM STRE CITY TITLE NAM STRE	E E E ADDRESS - ST-ZIP	VP Hel 377 ORI Trus	\$5.00 May Be Added to Fees ADDITIONS/CHA	ANDY ANDY APLC FL 3	Make che Florida Departicers AND I	ck payable to artment of S DIRECTORS IN Change	N 10	
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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 supplier 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OF DIRECTOR