


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90324 042 ****61.25

DOCUMENT # N93000002566					
1. Entity Name GALT ISLAND SUBDIVISION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4901 GALT ISLAND AVE SAINT JAMES CITY, FL 33956			Mailing Address P.O. BOX 146 SAINT JAMES CITY, FL 33956		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 90-0037677	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ABERNATHY, GARY H 4901 GALT ISLAND AVE SAINT JAMES CITY, FL 33956				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERNATHY, GARY H		NAME	Abernathy, Gary H	
STREET ADDRESS	4901 GALT ISLAND AVE		STREET ADDRESS	4901 Galt Island Ave	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	St James City, FL 33956	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASE, JOHN E		NAME	Brase, John E	
STREET ADDRESS	4961 GALT ISLAND AVE		STREET ADDRESS	4961 Galt Island Ave	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	Saint James City, FL 33956	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, DONALD C		NAME	Werner, Donald C	
STREET ADDRESS	P.O. BOX 616		STREET ADDRESS	P O Box 616	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	Saint James City, FL 33956	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, SANDRA M		NAME		
STREET ADDRESS	P.O. BOX 616		STREET ADDRESS		
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUKASH, CAROLYN S		NAME	Abernathy, Doris J	
STREET ADDRESS	4821 GALT ISLAND AVE.		STREET ADDRESS	4901 Galt Island Ave	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	St James City, FL 33956	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Twigg, Glenn	
STREET ADDRESS			STREET ADDRESS	4981 Galt Island Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Saint James City, FL 33956	
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: <i>X John E. Brase</i>			Date: <i>4-5-06</i> Daytime Phone #: <i>239-283-1997</i>		

50010233



03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
90-0037677

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERNATHY, GARY H		NAME	Abernathy, Gary H	
STREET ADDRESS	4901 GALT ISLAND AVE		STREET ADDRESS	4901 Galt Island Ave	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	St James City, FL 33956	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASE, JOHN E		NAME	Brase, John E	
STREET ADDRESS	4961 GALT ISLAND AVE		STREET ADDRESS	4961 Galt Island Ave	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	Saint James City, FL 33956	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, DONALD C		NAME	Werner, Donald C	
STREET ADDRESS	P.O. BOX 616		STREET ADDRESS	P O Box 616	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	Saint James City, FL 33956	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, SANDRA M		NAME		
STREET ADDRESS	P.O. BOX 616		STREET ADDRESS		
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUKASH, CAROLYN S		NAME	Abernathy, Doris J	
STREET ADDRESS	4821 GALT ISLAND AVE.		STREET ADDRESS	4901 Galt Island Ave	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956		CITY-ST-ZIP	St James City, FL 33956	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Twigg, Glenn	
STREET ADDRESS			STREET ADDRESS	4981 Galt Island Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Saint James City, FL 33956	

SIGNATURE: *X John E. Brase*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4-5-06* Daytime Phone #: *239-283-1997*