


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90039 048 ****61.25

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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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



4. FEI Number
90-0037677

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ABERNATHY, GARY H
 4901 GALT ISLAND AVE
 SAINT JAMES CITY, FL 33956**

7. Name and Address of New Registered Agent

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

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABERNATHY, GARY H	
STREET ADDRESS	4901 GALT ISLAND AVE	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TWIGG, BETTY A	
STREET ADDRESS	4981 GALT ISLAND AVE	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONNELL, ANITA	
STREET ADDRESS	4801 GALT ISLAND AVE	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ABERNATHY, DORIS J	
STREET ADDRESS	4901 GALT ISLAND AVE	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TWIGG, GLEN	
STREET ADDRESS	4981 GALT ISLAND AVE	
CITY-ST-ZIP	SAINT JAMES CITY, FL 33956	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Walsh	
STREET ADDRESS	30 W. Pelican Street	
CITY-ST-ZIP	Naples, FL 34113	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty A. Twigg	
STREET ADDRESS	4981 Galt Island Ave	
CITY-ST-ZIP	Saint James City, FL 33956	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anita McDonnell	
STREET ADDRESS	4801 Galt Island Ave	
CITY-ST-ZIP	Saint James City, FL 33956	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Korolevich	
STREET ADDRESS	5841 Westport Lane	
CITY-ST-ZIP	Naples, FL 34116	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Werner	
STREET ADDRESS	4721 Galt Island Ave	
CITY-ST-ZIP	Saint James City, FL 33956	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Lukash	
STREET ADDRESS	4821 Galt Island Ave	
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: *David Lukash* **4/9/08** ²³⁹ **202-1136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #