

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002566

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: GALT ISLAND SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4901 GALT ISLAND AVE  
SAINT JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 146  
SAINT JAMES CITY, FL 33956

**New Mailing Address:**

FEI Number: 90-0037677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABERNATHY, GARY H  
4901 GALT ISLAND AVE  
SAINT JAMES CITY, FL 33956 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: WALSH, KEVIN  
Address: 30 W. PELICAN STREET.  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: TWIGG, BETTY A  
Address: 4981 GALT ISLAND AVE.  
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: STD ( ) Delete  
Name: MCDONNELL, ANITA  
Address: 4801 GALT ISLAND AVE.  
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: VPD ( ) Delete  
Name: KOROLEVICH, ROBERT  
Address: 5841 WESTPORT LANE  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: WERNER, DONALD  
Address: 4721 GALT ISLAND AVE.  
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: D ( ) Delete  
Name: LUKASHS, DAVID  
Address: 4821 GALT ISLAND AVE  
City-St-Zip: SAINT JAMES CITY, FL 33956

**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:

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: KEVIN WALSH

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date