

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
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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