

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002566

FILED  
Mar 09, 2010  
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: D  
Name: WALSH, KEVIN  
Address: 30 W. PELICAN STREET.  
City-St-Zip: NAPLES, FL 34113

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

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

Title: VPD  
Name: ABERNATHY, GARY  
Address: 4901 GALT ISLAND AVE.  
City-St-Zip: ST JAMES CITY, FL 33956

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

I hereby 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 all other like empowered.

SIGNATURE: ANITA MCDONNELL

PSTD

03/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date