

4/7/02

FILED
May 12, 2002 8:00 am
Secretary of State

04-07-2002 90066 004 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002707

1. Entity Name

GILSON-ALWOOD COMMONS ASSOCIATION, INC.

Principal Place of Business

336 N.W. 7TH COURT
DEERFIELD BEACH FL 33441

Mailing Address

336 N.W. 7TH COURT
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0559212

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DAVIS, MARGARET
336 N.W. 7TH COURT
DEERFIELD BEACH FL 33441

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ANTHONY	
STREET ADDRESS	336 N.W. 7TH COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHELLMAN, TIMOTHY	
STREET ADDRESS	298 N.W. 3RD AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, THELMA	
STREET ADDRESS	314 N.W. 4TH PLACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois West	
STREET ADDRESS	704 NW 1ST WAY	
CITY-ST-ZIP	Deerfield Beach FL 33441	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilhe Mae Thompson	
STREET ADDRESS	113 NW 7TH CT.	
CITY-ST-ZIP	Deerfield Beach FL 33441	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN WYNN	
STREET ADDRESS	705 NW 1ST WAY	
CITY-ST-ZIP	Deerfield Beach FL 33441	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCINDA MOORE	
STREET ADDRESS	510 NW 3 AVE.	
CITY-ST-ZIP	Deerfield Beach FL 33441	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET DAVIS	
STREET ADDRESS	336 NW 7 CT.	
CITY-ST-ZIP	Deerfield Bch FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-02 (954) 461-5244

CR2E037 (9/01)