

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90028 003 ****61.25

DOCUMENT # N94000004636 1. Entity Name THE VILLAS AT GATEWAY GREENS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O TROPICAL ISLES MGMT. 12734 KENWOOD LANE #52 FORT MYERS, FL 33907 US			Mailing Address C/O TROPICAL ISLES MGMT. 12734 KENWOOD LANE #52 FORT MYERS, FL 33907 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0533857	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROEDDING, DON 12734 KENWOOD LANE, SUITE 52 FORT MYERS, FL 33907			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITTLE, FRANK		NAME		
STREET ADDRESS	12261 CHAMPIONSHIP CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, MARY		NAME		
STREET ADDRESS	12226 CHAMPIONSHIP CIR.		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRY, HARRY		NAME		
STREET ADDRESS	12232 CHAMPIONSHIP CIR.		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBRIGHT, JAMES		NAME		
STREET ADDRESS	2335 ELKLAND AVE		STREET ADDRESS		
CITY-ST-ZIP	LYTTON, IA 33913		CITY-ST-ZIP		
TITLE	ASM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, MOLLY		NAME		
STREET ADDRESS	12233 CHAMPIONSHIP CIR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Mary Mills</u> <u>1-15-08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					