

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004636

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE VILLAS AT GATEWAY GREENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O TROPICAL ISLES MGMT.
12734 KENWOOD LANE #52
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

C/O TROPICAL ISLES MGMT.
12734 KENWOOD LANE #52
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0533857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROEDDING, DON
12734 KENWOOD LANE, SUITE 52
FORT MYERS, FL 33907 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 () Delete
Name: LITTLE, FRANK
Address: 12261 CHAMPIONSHIP CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: P () Delete
Name: MILLS, MARY
Address: 12226 CHAMPIONSHIP CIR.
City-St-Zip: FORT MYERS, FL 33913

Title: DS () Delete
Name: BARRY, HARRY
Address: 12232 CHAMPIONSHIP CIR.
City-St-Zip: FORT MYERS, FL 33913

Title: DVP () Delete
Name: ALBRIGHT, JAMES
Address: 2335 ELKLAND AVE
City-St-Zip: LYTTON, IA 33913

Title: ST () Delete
Name: SHAW, MOLLY
Address: 12233 CHAMPIONSHIP CIR
City-St-Zip: FORT MYERS, FL 33913

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: ST (X) Change () Addition
Name: MC DONALD, MARY ANN
Address: 12201 CHAMPIONSHIP CIRCLE
City-St-Zip: FORT MYERS, FL 33913

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: JEANNIE NESPOLI

CAM

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date