

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90061 042 \*\*\*\*61.25

<b>DOCUMENT # N94000005045</b>					
<b>1. Entity Name</b> GATLIN GARDENS HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1801 COOK AVENUE ORLANDO, FL 32806 US			<b>Mailing Address</b> 1801 COOK AVENUE ORLANDO, FL 32806 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3275462	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ASHER, STEVEN D 1801 COOK AVENUE ORLANDO, FL 32806			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> TD	<b>NAME</b> ADAMS, MARK		<b>TITLE</b> Jose Lema		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4138 EVANDER DR	<b>CITY-ST-ZIP</b> ORLANDO, FL 32812		<b>STREET ADDRESS</b> 4018 Evander Dr.		<b>CITY-ST-ZIP</b> Orlando, FL 32812
<b>TITLE</b> VP	<b>NAME</b> DONALDSON, CHARLES		<b>TITLE</b> Jerry Locke		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4036 EVANDER DR	<b>CITY-ST-ZIP</b> ORLANDO, FL 32812		<b>STREET ADDRESS</b> 4643 Ivy Conoley		<b>CITY-ST-ZIP</b> Orlando, FL 32812
<b>TITLE</b> SD	<b>NAME</b> COOMES, ANDREW		<b>TITLE</b> Brenda Smith		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4106 LILLIAN HALL LANE	<b>CITY-ST-ZIP</b> ORLANDO, FL 32812		<b>STREET ADDRESS</b> 4034 Evander Dr.		<b>CITY-ST-ZIP</b> Orlando, FL 32812
<b>TITLE</b> PD	<b>NAME</b> MCKISSACK, FRANK		<b>TITLE</b> NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4145 EVANDER DR.	<b>CITY-ST-ZIP</b> ORLANDO, FL 32812		<b>STREET ADDRESS</b> CITY-ST-ZIP		NAME
<b>TITLE</b> VP	<b>NAME</b> Dan Ward		<b>TITLE</b> NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4011 Lillian Hall Lane	<b>CITY-ST-ZIP</b> Orlando, FL 32812		<b>STREET ADDRESS</b> CITY-ST-ZIP		NAME
<b>TITLE</b> D	<b>NAME</b> Jackie Blake		<b>TITLE</b> NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4850 Lorraine Way	<b>CITY-ST-ZIP</b> Orlando, FL 32812		<b>STREET ADDRESS</b> CITY-ST-ZIP		NAME
<b>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.</b>					
<b>SIGNATURE:</b>			3/5/08 407-425-4561 x 53		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		