

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005045

FILED
Jan 27, 2009
Secretary of State

Entity Name: GATLIN GARDENS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1801 COOK AVENUE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

1801 COOK AVENUE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-3275462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHER, STEVEN D
1801 COOK AVENUE
ORLANDO, FL 32806 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: TD () Delete
Name: ADAMS, MARK
Address: 4138 EVANDER DR
City-St-Zip: ORLANDO, FL 32812

Title: VD () Delete
Name: DONALDSON, CHARLES
Address: 4036 EVANDER DR
City-St-Zip: ORLANDO, FL 32812

Title: SD () Delete
Name: COOMES, ANDREW
Address: 4106 LILLIAN HALL LANE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: LEMA, JOSE
Address: 4018 EVANDER DR.
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: LOCKE, JERRY
Address: 4643 IVY CONOLAY
City-St-Zip: ORLANDO, FL 32812

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DONALDSON, CHARLES
Address: 4036 EVANDER DR
City-St-Zip: ORLANDO, FL 32812

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: VPD () Change (X) Addition
Name: WARD, DAN
Address: 4011 LILLIAN HALL LANE
City-St-Zip: ORLANDO, FL 32824

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: PATTI ACOCELLA

MGR

01/27/2009

Electronic Signature of Signing Officer or Director

Date