

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90194 050 ****61.25

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1. Entity Name
GATES LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**12130 LAKE ALLEN DR
LARGO, FL 33773**

Mailing Address
**12130 LAKE ALLEN DR
LARGO, FL 33773**

40002613



2. Principal Place of Business - No P.O. Box #
12166 LAKE ALLEN DR
Suite, Apt. #, etc.
LARGO, FL.

3. Mailing Address
12166 LAKE ALLEN DR
Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State
33773

City & State
LARGO, FL.

4. FEI Number
31-1539674

Applied For
Not Applicable

Zip Country
33773 Pinellas

Zip Country
33773 Pinellas

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

**HARBOLD, CHARLES H
12130 LAKE ALLEN DR
LARGO, FL 33773**

Name **PAUL SCHMITT**

Street Address (P.O. Box Number is Not Acceptable)
12166 LAKE ALLEN DR.

City **LARGO**

FL Zip Code **33773**

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

PAUL SCHMITT, President

01-09-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD
NAME HARBOLD, CHARLES ☒ Delete
STREET ADDRESS 12130 LAKE ALLEN DR
CITY-ST-ZIP LARGO, FL 33773

TITLE PD ☒ Change ☐ Addition
NAME PAUL SCHMITT
STREET ADDRESS 12166 LAKE ALLEN DR
CITY-ST-ZIP LARGO, FL 33773

TITLE VD ☒ Delete
NAME EVERSON, CRAIG
STREET ADDRESS 12166 LAKE ALLEN DR
CITY-ST-ZIP LARGO, FL 33773

TITLE VD ☒ Change ☐ Addition
NAME DAVID CHAW
STREET ADDRESS 12120 LAKE ALLEN DR
CITY-ST-ZIP LARGO, FL 33773

TITLE SD ☒ Delete
NAME HODGES, ELAINE
STREET ADDRESS 11998 LAKE ALLEN DR
CITY-ST-ZIP LARGO, FL 33773

TITLE SD ☒ Change ☐ Addition
NAME JEANNE AUER
STREET ADDRESS 11998 LAKE ALLEN DR.
CITY-ST-ZIP LARGO, FL 33773

TITLE TD ☒ Delete
NAME HOURIGAN, GINNY
STREET ADDRESS 11996 LAKE ALLEN DR
CITY-ST-ZIP LARGO, FL 33773

TITLE TD ☒ Change ☐ Addition
NAME WES HODGES
STREET ADDRESS 11998 LAKE ALLEN DR.
CITY-ST-ZIP LARGO, FL 33773

TITLE D ☐ Delete
NAME KERRINS, KATHLEEN
STREET ADDRESS 11994 LAKE ALLEN DR
CITY-ST-ZIP LARGO, FL 33773

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 **Paul E. Schmitt**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-07 727-773-5980
Date Daytime Phone #