

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90031 018 ****70.00

DOCUMENT # N96000006297 1. Entity Name GATES LANDING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12166 LAKE ALLEN DR LARGO, FL 33773			Mailing Address 12166 LAKE ALLEN DR LARGO, FL 33773		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address WES HODGES		
Suite, Apt. #, etc. 11998 LAKE ALLEN DR			Suite, Apt. #, etc. 11998 LAKE ALLEN DR		
City & State LARGO FL			City & State LARGO FL		
Zip 33773		Country USA		Zip 33773	
Country USA		4. FEI Number 31-1539674			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHMITT, PAUL 12166 LAKE ALLEN DR LARGO, FL 33773					
7. Name and Address of New Registered Agent Name WES HODGES Street Address (P.O. Box Number is Not Acceptable) 11998 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 <small>Signature, typed or printed name of registered agent and enter if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMITT, PAUL 12166 LAKE ALLEN DR LARGO, FL 33773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WES HODGES 11998 LAKE ALLEN DR LARGO FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHEW, DAVID 12120 LAKE ALLEN DR LARGO, FL 33773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KATHLEEN KERRINS 11994 LAKE ALLEN DR LARGO FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUER, JEANNE 11988 LAKE ALLEN DR LARGO, FL 33773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARIANN SEARS 11990 LAKE ALLEN DR LARGO FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HODGES, WES 11998 LAKE ALLEN DR LARGO, FL 33773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINNY HOURIGAN 11996 LAKE ALLEN DR LARGO FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERRINS, KATHLEEN 11994 LAKE ALLEN DR LARGO, FL 33773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUREEN MARTIN 12034 LAKE ALLEN DR LARGO FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL LYNN 12168 LAKE ALLEN DR LARGO FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:			03-11-08 727-410-0570		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		