2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N96000006297

Entity Name: GATES LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11998 LAKE ALLEN DR
LARGO, FL 33773

New Principal Place of Business:

11994 LAKE ALLEN DR
LARGO, FL 33773

Current Mailing Address:

11998 LAKE ALLEN DR
LARGO, FL 33773

New Mailing Address:

11994 LAKE ALLEN DR
LARGO, FL 33773

FEI Number: 31-1539674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HODGES, WES
11998 LAKE ALLEN DR
LARGO, FL 33773 US

Name and Address of New Registered Agent:

KERRINS, KATHLEEN
11994 LAKE ALLEN DR
LARGO, FL 33773 US

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: KATHLEEN KERRINS 02/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HODGES, WES
Address: 11998 LAKE ALLEN DR
City-St-Zip: LARGO, FL 33773

Title: VD ( ) Delete
Name: KERRINS, KATHLEEN
Address: 12120 LAKE ALLEN DR
City-St-Zip: LARGO, FL 33773

Title: SD ( ) Delete
Name: AUER, JEANNE
Address: 11988 LAKE ALLEN DR
City-St-Zip: LARGO, FL 33773

Title: D ( ) Delete
Name: HOURIGAN, GINNY
Address: 11996 LAKE ALLEN DR
City-St-Zip: LARGO, FL 33773

Title: D ( ) Delete
Name: MARTIN, MAUREEN
Address: 12034 LAKE ALLEN DR
City-St-Zip: LARGO, FL 33773

Title: D ( ) Delete
Name: MICHAEL, LYNN
Address: 12168 LAKE ALLEN DR
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KERRINS, KATHLEEN
Address: 11994 LAKE ALLEN DR
City-St-Zip: LARGO, FL 33773

Title: VD (X) Change ( ) Addition
Name: HODGES, WES
Address: 11998 LAKE ALLEN DR
City-St-Zip: LARGO, FL 33773

Title: S (X) Change ( ) Addition
Name: HODGES, ELAINE
Address: 11998 LAKE ALLEN DR
City-St-Zip: LARGO, FL 33773

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

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

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

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: MARIANN SEARS TD 02/06/2009
Electronic Signature of Signing Officer or Director Date