## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # N98000002581 09-05-2006 90024 049 \*\*\*\*61.25 GALLOWAY OAKS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3548 GALLOWAY OAKS CT. P. O. BOX 93461 LAKELAND, FL 33810 LAKELAND, FL 33804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08282006 Chg-NP CR2E037 (4/06) City & State City & State 4. FEI Number 65-0906567 Applied For Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REGISTERED CORPORATE AGENTS, INC. 612 S MARTIN LUTHER KING JR AVE CLEARWATER, FL 33756 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. 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Added to Fees Make check payable to Trust Fund Contribution. Florida Department of State 🖂 Due by September 6, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition Sheila A. Godfre AUSTINE, HENTRY NAME NAME 3548 Galloway ONES CH 3135 GALLOWAY OAKS DR. STREET ADDRESS STREET ADDRESS Lakeland, FL 33810 CITY-ST-ZIP LAKELAND, FL 33810 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Erma Mack GODFREY, SHEILA A NAME 3559 Gallovvay DALS CT 3548 GALLOWAY OAKS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33810 Lateland, FL 33810 CITY-ST-7IP DILE ☐ Delete TITLE ☐ Change ☐ Addition MACK, WILLIE NAME NAME STREET ADDRESS 3559 GALLOWAY OAKS CT STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33810 CITY-ST-ZIP VPD TITLE Delete TITLE ☐ Change ☐ Addition NAME WHITE, RICKY NAME STREET ADDRESS 3143 GALLOWAY OAKS DR STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33810 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LAMMIE, SHARON STREET ADDRESS 3111 GALLOWAY OAKS DR STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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 tike, empowered.

**FILED** 

Sep 05, 2006 8:00 am