

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90059 048 ****61.25

DOCUMENT # N98000002581 1. Entity Name GALLOWAY OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3548 GALLOWAY OAKS CT. LAKELAND, FL 33810			Mailing Address P. O. BOX 93461 LAKELAND, FL 33804		
2. Principal Place of Business - No P.O. Box # 3559 Galloway Oaks Court		3. Mailing Address Suite, Apt. #, etc.			
City & State LAKELAND FL		City & State		4. FEI Number 65-0906567	
Zip 33810		Country POIK		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GODFREY, SHEILA A 3548 GALLOWAY OAKS CT LAKELAND, FL 33810				7. Name and Address of New Registered Agent Name Willie W Mack Street Address (P.O. Box Number is Not Acceptable) 3559 Galloway Oaks Court City LAKELAND FL 33810	
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 <u><i>Erma R Mack Sec</i></u> DATE <u>3/19/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)					
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 NAME STREET ADDRESS CITY-ST-ZIP	TDVP GODFREY, SHEILA A 3548 GALLOWAY OAKS CT LAKELAND, FL 33810	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ERMA R MACK 3559 Galloway Oaks Court LAKELAND FL 33810	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GODFREY, SHEILA A 3548 GALLOWAY OAKS CT LAKELAND, FL 33810	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Eugene F Burnett 3144 Galloway Oaks Drive LAKELAND FL 33810	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACK, WILLIE 3559 GALLOWAY OAKS CT LAKELAND, FL 33810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Josie Cornier 2136 Galloway Oaks Drive LAKELAND FL 33810	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, ERNA 3559 GALLOWAY OAKS CT LAKELAND, FL 33810	☐ Delete	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMMIE, SHARON 3111 GALLOWAY OAKS DR LAKELAND, FL 33801	☐ Delete	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)				
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: <u><i>Erma R Mack Sec</i></u>			Date <u>3/19/07</u> 863-853-1834		