

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV 16 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RY 11-26-07



08092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N98000002581

1. Entity Name
GALLOWAY OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3559 GALLOWAY OAKS COURT
LAKELAND, FL 33810**

Mailing Address
**P. O. BOX 93461
LAKELAND, FL 33804**

2. Principal Place of Business - No P.O. Box #
3144 Galloway Oaks Drive
Suite, Apt. #, etc.
Galloway Oaks Drive
City & State
Lakeland FL
Zip
33810 Country
DoIK

3. Mailing Address
FL
Suite, Apt. #, etc.
FL
City & State
FL
Zip
33810 Country

4. FEI Number
65-0906567

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
**MACK, WILLIE W
3559 GALLOWAY OAKS CT
LAKELAND, FL 33810**

7. Name and Address of New Registered Agent
Name
Eugene F Burnett
Street Address (P.O. Box Number is Not Acceptable)
3144 Galloway Oaks Drive
City
Lakeland FL Zip Code
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 **Erma Mack** DATE **8/12/07**

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$81.25

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	SD	☒ Delete	TITLE	President	☐ Change ☐ Addition
NAME	RYMACK, ERMA		NAME	Jason Tillmannshofer	
STREET ADDRESS	3559 GALLOWAY OAKS CT		STREET ADDRESS	3154 Galloway Oaks Ct	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BURNETT, EUGENE F		NAME		
STREET ADDRESS	3144 GALLOWAY OAKS CT		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP		
TITLE	PD	☒ Delete	TITLE	Treasurer	☐ Change ☐ Addition
NAME	MACK, WILLIE		NAME	Henry Austin	
STREET ADDRESS	3559 GALLOWAY OAKS CT		STREET ADDRESS	3135 Galloway Oaks Ct	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	D	☒ Delete	TITLE	Secretary	☐ Change ☐ Addition
NAME	MACK, ERNA		NAME	Shirley Pardo	
STREET ADDRESS	3559 GALLOWAY OAKS CT		STREET ADDRESS	3354 Galloway Oaks Dr.	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	D	☒ Delete	TITLE	Member of Board	☐ Change ☒ Addition
NAME	LAMMIE, SHARON		NAME	Joel Johnson	
STREET ADDRESS	3111 GALLOWAY OAKS DR		STREET ADDRESS	3139 Galloway Oaks Dr.	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Erma Mack** DATE **8/12/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR