

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002581

FILED
Feb 09, 2009
Secretary of State

Entity Name: GALLOWAY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3144 GALLOWAY OAKS DRIVE
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 93461
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 65-0906567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETT, EUGENE F
3144 GALLOWAY OAKS DRIVE
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DUSTINE, HENRY
Address: 3135 GALLOWAY OAKS DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: TD () Delete
Name: BURNETT, EUGENE F
Address: 3144 GALLOWAY OAKS COURT
City-St-Zip: LAKELAND, FL 33810

Title: P () Delete
Name: TILLMANNSHOTER, JASON
Address: 3154 GALLOWAY OAKS DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: S (X) Delete
Name: TIZADO, SHRID
Address: 3354 GALLOWAY OAKS DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: MOB () Delete
Name: JOHNSON, JOEL
Address: 3139 GALLOWAY OAKS DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: S () Delete
Name: TILLMANNSHOTS, TARA
Address: 3154 GALLOWAY OAKS DRIVE
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: MOB (X) Change () Addition
Name: MACK, ERMA
Address: 3559 GALLOWAY OAKS DRIVE
City-St-Zip: LAKELAND, FL 33810

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: JASON TILLMANNSHOFER

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date