


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90029 003 ***158.75

DOCUMENT # P02000051300	
1. Entity Name GORDON AT THE OAKS, INC.	

Principal Place of Business 3839 NW BOCA RATON BLVD STE 100A BOCA RATON, FL 33431	Mailing Address 3839 NW BOCA RATON BLVD STE 100A BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 6464 BELLAMALFI ST.	3. Mailing Address 6464 BELLAMALFI ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON, FL.	City & State BOCA RATON, FL.
Zip 33496	Zip 33496
Country US	Country US



03302007 Chg-P CR2E034 (12/06)

4. FEI Number 04-3661714		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
LEVINE, JEFFREY A 4000 N FEDERAL HWY STE 204 BOCA RATON, FL 33431 6751 N. FEDERAL HIGHWAY SUITE 301 BOCA RATON, FL. 33487		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL		Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GORDON, ROBERT 3839 NW BOCA RATON BLVD, STE 100A BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6464 Bellamalfi Street Boca Raton, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GORDON, GARY 3839 NW BOCA RATON BLVD, STE 100A BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6464 Bellamalfi Street Boca Raton, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #