

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90056 045 ****61.25

0086644

DOCUMENT # 703132

1. Entity Name

EAST GATE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**1320 FIR AVE
 VENICE FL 34292
 US**

Mailing Address

**P O BOX 425
 VENICE FL 34284-0425**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6520332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILEY, DOROTHEA J
 1317 POPLAR AVENUE
 VENICE FL 34292**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 GARY, MARIA
 1320 FIR AVE
 VENICE FL 34292** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
same ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 SILK, VERNA
 1314 LAUREL AVE
 VENICE FL 34292** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
same ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 DECHERT, MITZI
 1311 LAUREL AVE
 VENICE FL 34292** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
same ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 WILEY, DOROTHEA
 1319 POPLAR AVE.
 VENICE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
same ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 ALLIN, JODY
 1308 FIR AVE
 VENICE FL 34292** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
same ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 KOSTOCK, ELSIE
 1321 FIR AVENUE
 VENICE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
same ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

St. Dorothea J. Wiley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 10, 2002
 (941) 485-3572

CR2E037 (9/01)