2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 03, 2004 8:00 am Secretary of State 04-05-2004 90017 012 ****60.00

1. Entity Name	ENT # 703132 PROPERTY OWNERS A	04-05	etary of State -2004 90017 012 ****60.00 -2004 90750 012 *****1.25			
Principal Place of	Business	Mailing Address				
1320 FIR AVE P-O BOX 425 VENICE FL 34292 VENICE FL 34284-0425 US					ONERS INTO LIEN OLDS ROOM BURN ENGEN BOOM FORMING ON HORS	
2. Principal Place of Business 1314 Haure / Alae		3. Mailing Address PO Box 425				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E037 (11/03)	
City & State Venice, FL		Venice, FL		4. FEI Number 59-652	Applied For Not Applicable	
Zip 3428:	_ Country _	Zip 34285	Sanaso 7	5. Certificate of Status De	sired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent		
Syl Via Vinkel						
WILEY, DONOTHEA J 1317 POPLAR AVENUE VENICE FL 34292 Street Address (P.O. Box Number is Not Acceptable)						
			City	enire.	FL Zip Code 34285	
8. The above paried 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.						
Hill Mill sylvia Vinkel Treesweer Am. 01 04						
SIGNATURE Stoyshure. hyped or printed name of registered agent end title if applicable. (NOTE: Registered Agent sogne) are required when revisitely to the printed name of registered agent end title if applicable.						
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State						
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 10	
NAME SIL	LK, VERNA	☐ Delete	TITLE NAME	Same	☐ Change ☐ Addition	
DITECT ADDITION	114 LAUREL AVE ENICE FL 34292		STREET ADDRESS CITY-ST-ZIP			
MILE V	NUMBER OF	Delete	TITLE	Same	☐ Change ☐ Addition	
(INNEC (OLLINS, JULIE 119 FIR AVE		NAME STREET ADDRESS	game		
	NICE FL 34292		CITY-ST-ZIP			
TITLE S	OLŽIM, APRIL K.	Delete	TITLE NAME	KATHIE WINEM	iller S Change Addition	
STREET ADDRESS 13	19 POPLAR AVE		STREET ADDRESS	1309 EH3/GH/E	285	
T	ENICE FL 34292		CITY-ST-ZIP	Venice, 12	✓ Change Addition	
LANK:	ARIA, GARY	🔁 Delete	YITLE NAME	SYLVIA YINKER	く T 図 Change □ Addition	
2 INCEL MUUNESS	320 FIR AVE ENIÇE FL 34292		STREET ADDRESS CITY-ST-ZIP	VENICE, FA S	74285	
TITLE D		☐ Delete	TITLE	Venice, TL 34 Venice, TL 34 TSYLVIA VINKER 1315 FIR AVE VENICE, FL 3	. Change Addition	
NAME 1	LLIN, JODY 308 FIR AVE		NAME STREET ADORESS	Jane		
STREET ADDRESS VE	ENICE FL 34292		CITY-ST-ZIP			
TITLE KO	OSTOCK, ELSIE	☐ Delete	TITLE	Same	☐ Change ☐ Addition	
STREET ANDRESS 13	321 FIR AVENUE ENICE FL		NAME STREET ADDRESS CITY-ST-ZIP			
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 it changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: VCT DE SILK SUNT SILK 4-1-04 941-488-6/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DEFECTOR Dale Daylorus Proprie						



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

April 8, 2004

EAST GATE PROPERTY OWNERS ASSOCIATION, INC. PO BOX 425 VENICE, FL 34285

Subject: EAST GATE PROPERTY OWNERS ASSOCIATION, INC.

Reference Number:

703132

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$60.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$1.25.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AS ANNUAL REPORTS SECTION