2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 703132

1. Entity Name
EAST GATE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1314 LAUREL AVE. VENICE, FL 34285 US	P O BOX 425 VENICE, FL 34284-0425

02172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

VINKEL, SYLVIA
1315 FIR AVE.
VENICE, FL 34285

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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: Sylvia Vinkel Feb. 18, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000237861
02/21/05-80071-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SILK, VERNA
STREET ADDRESS	1314 LAUREL AVE
CITY-ST-ZIP	VENICE, FL 34292
TITLE	V
NAME	COLLINS, JULIE
STREET ADDRESS	1319 FIR AVE
CITY-ST-ZIP	VENICE, FL 34292
TITLE	S
NAME	WINEMILLER, KATHIE
STREET ADDRESS	1309 EASTGATE DRIVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	T
NAME	VINKEL, SYLVIA
STREET ADDRESS	1815 FIR AVE.
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	ALLIN, JODY
STREET ADDRESS	1308 FIR AVE
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	KOSTOCK, ELSIE
STREET ADDRESS	1321 FIR AVENUE
CITY-ST-ZIP	VENICE, FL

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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: Sylvia Vinkel Feb. 18, 05 (941) 488-4960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #