

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726920 (2)

1. Corporation Name

TOLL GATE SHORES ASSOCIATION, INC.

Principal Place of Business

153 TOLL GATE LANE
ISLAMORADA FL 33036

Mailing Address

153 TOLL GATE LANE
ISLAMORADA FL 33036



700001768717

-04/04/96--01003--002

***61.25

3. Date Incorporated or Qualified
07/10/1973

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

21 **229 TOLL GATE BLVD.**

2a. Mailing Address

26 **229 TOLL GATE BLVD.**

4. FEI Number

59-1497334

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

23 **ISLAMORADA, FL**

City & State

28 **ISLAMORADA, FL.**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

24 **33036**

Country

25 **MONROE**

Zip

29 **33036**

Country

30 **MONROE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RASH, STEPHEN H.

~~DADELAND SQUARE SUITE 610~~

~~770 NO. KENDALL DRIVE~~

~~MIAMI FL 33156~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

ONE INTERNATIONAL PL. SUITE 2800

83

MIAMI, FL. 33131-2144

84

MIAMI, FL. 33131-2144

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **SAIGER, GLEN**
STREET ADDRESS **311 TOLL GATE SHORES DR**
CITY-ST-ZIP **ISLAMORADA FL**

1.1 TITLE **P/D** ☐ Change ☐ Addition
1.2 NAME **DONALD B. HOUDER**
1.3 STREET ADDRESS **217 TOLL GATE BLVD.**
1.4 CITY-ST-ZIP **ISLAMORADA, FL. 33036**

TITLE **T** ☒ DELETE
NAME **HOAG, BARBARA S**
STREET ADDRESS **153 TOLL GATE LANE**
CITY-ST-ZIP **ISLAMORADA, FL 00000**

2.1 TITLE **V/D** ☐ Change ☐ Addition
2.2 NAME **LEONARD C. BURGER**
2.3 STREET ADDRESS **126 TOLL GATE LANE**
2.4 CITY-ST-ZIP **ISLAMORADA, FL. 33036**

TITLE **S** ☒ DELETE
NAME **NEWLYN, ROSE**
STREET ADDRESS **150 TOLL GATE LANE**
CITY-ST-ZIP **ISLAMORADA, FL 00000**

3.1 TITLE **T /D** ☐ Change ☐ Addition
3.2 NAME **ARNE KLENDSHOJ**
3.3 STREET ADDRESS **229 TOLL GATE BLVD.**
3.4 CITY-ST-ZIP **ISLAMORADA, FL. 33036**

TITLE **V** ☒ DELETE
NAME **SAIGER, GLEN**
STREET ADDRESS **311 TOLL GATE SHORES DR**
CITY-ST-ZIP **ISLAMORADA, FL 0**

4.1 TITLE **S** ☐ Change ☐ Addition
4.2 NAME **SUSAN EDGAR**
4.3 STREET ADDRESS **3021 NE 36th ST.**
4.4 CITY-ST-ZIP **LIGHTHOUSE PT. FL. 33064**

TITLE **V** ☒ DELETE
NAME **HOUDER, DONALD B.**
STREET ADDRESS **217 TOLL GATE BLVD**
CITY-ST-ZIP **ISLAMORADA FL**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **GLENN SAIGER**
5.3 STREET ADDRESS **311 TOLL GATE SHORES DRIVE**
5.4 CITY-ST-ZIP **ISLAMORADA, FL. 33036**

TITLE **D** ☒ DELETE
NAME **ROSSIGNOL, CHARLES**
STREET ADDRESS **253 TOLL GATE BLVD.**
CITY-ST-ZIP **ISLAMORADA FL**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **CHARLES ROSSIGNOL**
6.3 STREET ADDRESS **253 TOLL GATE BLVD.**
6.4 CITY-ST-ZIP **ISLAMORADA, FL. 33036**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ARNE KLENDSHOJ** *Arne Klendshoj* **3/28/96 305-664-8764**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)

4-3-96