

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726920

FILED
Apr 24, 2005
Secretary of State

Entity Name: TOLL GATE SHORES ASSOCIATION, INC.

Current Principal Place of Business:

207 TOLL GATE BLVD
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

257 TOLL GATE BLVD
ISLAMORADA, FL 33036 US

New Mailing Address:

FEI Number: 59-1497334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, RICHARD B
257 TOLL GATE BLVD
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: BALDWIN, SUSI
Address: TOLL GATE BLVD
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: WHITLEY, SUE
Address: 220 TOLL GATE BLVD
City-St-Zip: ISLAMORADA, FL 33036

Title: TD () Delete
Name: WILLIAMS, RICHARD B
Address: 257 TOLL GATE BLVD
City-St-Zip: ISLAMORADA, FL 33036

Title: DP () Delete
Name: ALLEN, KEITH
Address: 207 TOLL GATE BLVD
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: LINCOLN, SALLY
Address: 205 TOLL GATE BLVD
City-St-Zip: ISLAMORADA, FL 33036

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: KENDZIORSKI, BABS
Address: 206 TOLL GATE BLVD
City-St-Zip: ISLAMORADA, FL 33036

Title: D (X) Change () Addition
Name: HERNANDEZ, SYLVIA
Address: 108 TOLL GATE LANE
City-St-Zip: ISLAMORADA, FL 33036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: SHAGNER, JOHN
Address: 202 TOLL GATE BLVD
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Change (X) Addition
Name: STEWART, ANN
Address: 317 TOLL GATE SHORES DRIVE
City-St-Zip: ISLAORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD B WILLIAMS

TD

04/24/2005

Electronic Signature of Signing Officer or Director

Date