

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

11-1 PM 8:44

**DOCUMENT # 741535 (9)**  
1. Corporation Name  
**TREGATE EAST CONDOMINIUM ASSOCIATION, INC.**

95 MAY -1 PM 8:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3987 MACEACHEN BLVD  
SARASOTA FL 34233**

Mailing Address  
**3987 MACEACHEN BLVD  
SARASOTA FL 34233**

3. Date Incorporated or Qualified  
**02/06/1978**

3a. Date of Last Report  
**04/18/1994**

4. FEI Number  
**59-1807348**

Applied For  
 Not Applicable

2. Principal Place of Business  
**21 5550 Bee Ridge Road**  
Suite, Apt. #, etc.  
**22 Suite E-3**  
City & State  
**23 Sarasota FL**  
Zip  
**24 34233**

2a. Mailing Address  
**26 5550 Bee Ridge Road**  
Suite, Apt. #, etc.  
**27 Suite E-3**  
City & State  
**28 Sarasota FL**  
Zip  
**29 34233**

Country  
**25 USA** **30 USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent  
**MGMT CONCEPTS OF SARASOTA COUNTY INC  
5550 BEE RIDGE RD  
STE E3  
SARASOTA FL 34233**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>PFEIL, HANK</b>
STREET ADDRESS	<b>3981 MACEACHEN BLVD</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>VD</b>
NAME	<b>BRYCE, JOHN</b>
STREET ADDRESS	<b>4352 DRESDEN LN</b>
CITY - ST - ZIP	<b>SARASOTA, FL 00000</b>
TITLE	<b>SD</b>
NAME	<b>BERGEN, ALICE</b>
STREET ADDRESS	<b>3983 MACEACHEN BLVD</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>TD</b>
NAME	<b>MOHR, RUTH</b>
STREET ADDRESS	<b>3983 MACEACHEN BLVD.</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b>
NAME	<b>BREKHUS, ARTHUR</b>
STREET ADDRESS	<b>3985 MACEACHEN BLVD</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 118.07(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 my address.

SIGNATURE: Hank F. Pfeil **4/24/95** **813-571-5200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)