


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90239 042 ****61.25

DOCUMENT # 741535	
1. Entity Name TREGATE EAST CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6146 CLARK CENTER AVE SARASOTA, FL 34238 US	Mailing Address 6146 CLARK CENTER AVE STE-A SARASOTA, FL 34238 US
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2. Principal Place of Business - No P.O. Box # 3707 Radnor Place Suite, Apt. #, etc.	3. Mailing Address 3707 Radnor PL Suite, Apt. #, etc.
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City & State Sarasota, FL	City & State Sarasota, FL
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Zip 34232	Country Sarasota	Zip 34232	Country Sarasota
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6. Name and Address of Current Registered Agent MGMT CONCEPTS OF SARASOTA COUNTY INC 6146 CLARK CENTER AVE SARASOTA, FL 34238	
7. Name and Address of New Registered Agent Name: Prokop P.A. Street Address (P.O. Box Number is Not Acceptable): 3707 Radnor Place City: Sarasota FL Zip Code: 34232	

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: Kenneth D. Prokop
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUARNELLA, MARY 3987 MALEACHEN BLVD #135 SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUNDIFF, CAROL 3981 MALEACHEN BLVD #313 SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHUART, MARTIN 3983 MACEACHEN BLVD #420 SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, ROSEMARY 3987 MACEACHEN BLVD 131 SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, BILLIE 3983 MACEACHEN BLVD 421 SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary Guarnella 4/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #