

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90001 004 \*\*\*61.25

<b>DOCUMENT # 741535</b> 1. Entity Name <b>TREGATE EAST CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>3707 RADNOR PLACE</b> <b>SARASOTA, FL 34232</b> US <input checked="" type="checkbox"/>		Mailing Address <b>3707 RADNOR PLACE</b> <b>SARASOTA, FL 34232</b> US <input checked="" type="checkbox"/>	
2. Principal Place of Business - No P.O. Box # <b>5516 BURNT BRANCH CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>5317 FRUITVILLE RD</b> Suite, Apt. #, etc. <b>#228</b>	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>	
Zip <b>34232</b> Country <b>US</b>		Zip <b>34232</b> Country <b>US</b>	
4. FEI Number <b>59-1807348</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PROKOP P.A.</b> <b>3707 RADNOR PLACE</b> <b>SARASOTA, FL 34232</b>		7. Name and Address of New Registered Agent Name <b>ALLURE PROPERTY MANAGEMENT, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>5516 BURNT BRANCH CIRCLE</b> City <b>SARASOTA</b> FL    Zip Code <b>34232</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>2/11/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME GUARNELLA, MARY STREET ADDRESS 3987 MAEACHEN BLVD #135 CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE D NAME GUARNELLA, MARY STREET ADDRESS 3987 MAEACHEN BLVD #135 CITY-ST-ZIP SARASOTA, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME CUNDIFF, CAROL STREET ADDRESS 3981 MAEACHEN BLVD #313 CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE P NAME CUNDIFF, CAROL STREET ADDRESS 3981 MAEACHEN BLVD #313 CITY-ST-ZIP SARASOTA, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME SHUART, MARTIN STREET ADDRESS 3983 MAEACHEN BLVD #420 CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE T NAME SHUART, MARTIN STREET ADDRESS 3983 MAEACHEN BLVD #420 CITY-ST-ZIP SARASOTA, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CAMPBELL, BILLIE STREET ADDRESS 3983 MAEACHEN BLVD 421 CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE VP NAME CAMPBELL, Billie STREET ADDRESS 3983 MAEACHEN BLVD #421 CITY-ST-ZIP SARASOTA, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE S NAME KENNEDY, CARLA STREET ADDRESS 3987 MAEACHEN BLVD #111 CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Change <input checked="" 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:		DATE <b>2/11/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MARTIN SHUART</b>		Daytime Phone #	