

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 751486 (2)**  
1. Corporation Name  
**STRATHMORE GATE - HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: **230 STRATHMORE GATE DR. ROYAL PALM BEACH FL 33411-1640**  
Mailing Address: **230 STRATHMORE GATE DR. ROYAL PALM BEACH FL 33411-1640**

3. Date Incorporated or Qualified: **03/11/1980**  
3a. Date of Last Report: **03/17/1995**  
4. FEI Number: **59-2021761**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 27  
City & State: 28  
Zip: 23  
Country: 25  
Zip: 29  
Country: 30

9. Name and Address of Current Registered Agent  
**BENDELL, DAVID  
230 STRATHMORE GATE DR.  
ROYAL PALM BCH. FL 33411**

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 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: *Nathan Schwefel* **NATHAN SCHWEFEL P.D.** DATE: *4/9/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDELL, DAVID	1.2 NAME	PD NATHAN SCHWEFEL
STREET ADDRESS	175 ROSELLE CT.	1.3 STREET ADDRESS	50 CANDLENUT CT.
CITY-ST-ZIP	ROYAL PALM BCH, FL 00000	1.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEFEL, NATHAN	2.2 NAME	VD WILLIAM SELLS
STREET ADDRESS	50 CANDLENUT CT.	2.3 STREET ADDRESS	218 THORNAPPLE CT
CITY-ST-ZIP	ROYAL PALM BCH, FL 00000	2.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, SEYMOUR	3.2 NAME	
STREET ADDRESS	60 CANDLENUT CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, IRENE	4.2 NAME	
STREET ADDRESS	191 MASTIC TREE CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Nathan Schwefel* **NATHAN SCHWEFEL** Date: *4/9/96* Daytime Phone #: **561-743-2881**

CR2E037 (3/96)