

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 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 06/11/1996

2. Principal Place of Business 21 2a. Mailing Address 26  
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27  
City & State 23 City & State 28  
Zip Country 24 25 Zip Country 29 30  
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

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 NATHAN SCHWEFEL  
82 Street Address (P.O. Box Number is Not Acceptable) 230 STRATHMORE GATE DR.  
83 ROYAL PALM BEACH  
84 City FL 85 Zip Code 33411

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 DATE 3-6-97

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | PD                       | 1.1 TITLE   |  |
| NAME                       | SCHWEFEL, NATHAN         | 1.2 NAME  |  |
| STREET ADDRESS             | 50 CANDLENUT CT.         | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | ROYAL PALM BCH, FL 00000 | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VD                       | 2.1 TITLE   |  |
| NAME                       | SELLS, WILLIAM           | 2.2 NAME  |  |
| STREET ADDRESS             | 218 THORNAPPLE CT.       | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | ROYAL PALM BCH, FL 00000 | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | TD                       | 3.1 TITLE   |  |
| 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                       | 4.1 TITLE   |  |
| 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                      |                          | 5.1 TITLE   |  |
| NAME                       |                          | 5.2 NAME  |  |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                          | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                          | 6.1 TITLE   |  |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 DATE: 3-6-97

CR2E037 (9/96)