

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 22 1998 8:00am
 Secretary of State

000700

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751486 (2)
 1. Corporation Name
STRATHMORE GATE -1 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
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3. Date Incorporated or Qualified 03/11/1980	
4. FEI Number 59-2021761	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
NATHAN SCHWEFEL
 230 STRATHMORE GATE DR.
 ROYAL PALM BCH. FL 33411

10. Name and Address of New Registered Agent
 81 Name **WILLIAM SELLS**
 82 Street Address (P.O. Box Number is Not Acceptable)
230 STRATHMORE GATE DR
 83 **P**
 84 City **ROYAL PALM BEACH 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: *William S. Sells - Pres.* DATE: **07/14/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWEFEL, NATHAN	
STREET ADDRESS	60 CANDLENUT CT.	
CITY-ST-ZIP	ROYAL PALM BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SELLS, WILLIAM	
STREET ADDRESS	218 THORNAPPLE CT.	
CITY-ST-ZIP	ROYAL PALM BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSENBERG, SEYMOUR	
STREET ADDRESS	60 CANDLENUT CT.	
CITY-ST-ZIP	ROYAL PALM BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, IRENE	
STREET ADDRESS	191 MASTIC TREE CT.	
CITY-ST-ZIP	ROYAL PALM BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM SELLS	
1.3 STREET ADDRESS	218 THORNAPPLE CT	
1.4 CITY-ST-ZIP	ROYAL PALM BCH, FL 33411	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PETER SAGONA	
2.3 STREET ADDRESS	83 WOODROSE CT	
2.4 CITY-ST-ZIP	ROYAL PALM BCH, FL 33411	
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 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: *William S. Sells* DATE: **07/14/98** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)