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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 751486

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

03/11/1980

4. FEI Number

59-2021761

Applied For
 Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SELLS, WILLIAM
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME SELLS, WILLIAM
 STREET ADDRESS 218 THORNAPPLE COURT
 CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE VD DELETE
 NAME SAGONA, PETER
 STREET ADDRESS 83 WOODROSE COURT
 CITY-ST-ZIP ROYAL PALM BCH, FL 00000 33411

TITLE TD DELETE
 NAME ROSENBERG, SEYMOUR
 STREET ADDRESS 60 CANDLENUT CT.
 CITY-ST-ZIP ROYAL PALM BCH, FL 00000

TITLE SD DELETE
 NAME GOLDSTEIN, IRENE
 STREET ADDRESS 191 MASTIC TREE CT.
 CITY-ST-ZIP ROYAL PALM BCH, FL 00000

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE VD Change Addition
 2.2 NAME SOLOMON BOSKIND
 2.3 STREET ADDRESS 40 COPPERPOD CT
 2.4 CITY-ST-ZIP ROYAL PALM BCH, FL 33411

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

STICKERS REQUIRED Pres. Dir. 4/20/99 - 561-793-9287
 Signature and typed or printed name of signing officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0042162

CR2F037 (11/98)