

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90078 032 \*\*\*\*61.25

**DOCUMENT # 751486**

1. Entity Name

**STRATHMORE GATE - HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

230 STRATHMORE GATE DR.  
 ROYAL PALM BEACH FL 33411-1640

230 STRATHMORE GATE DR.  
 ROYAL PALM BEACH FL 33411-1640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2021761**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SELLS, WILLIAM**  
 230 STRATHMORE GATE DR  
 ROYAL PALM BCH. FL 33411

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

*William S. Sells - Pres.*

*3/9/2000*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Change  Addition

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

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Change  Addition

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

TITLE: SD  
 NAME: CARR, ETTA  
 STREET ADDRESS: 24 BLACK BIRCH CT  
 CITY-ST-ZIP: ROYAL PALM BCH, FL 33411  
 Change  Addition

TITLE: VD  
 NAME: BOSKINO, SOLOMAN  
 STREET ADDRESS: 40 COPPERPOD CT  
 CITY-ST-ZIP: ROYAL PALM BCH FL 33411  
 Delete

TITLE: VD  
 NAME: BOSKIN D, SOLOMAN  
 STREET ADDRESS: 40 COPPERPOD CT  
 CITY-ST-ZIP: ROYAL PALM BCH, FL 33411  
 Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Change  Addition

12. 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 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:

**SIGNATURE REQUIRED**

*William S. Sells*

*3/14/2000 - 793-2881*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #