

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

0050535

04-09-2001 90028 044 ****61.25

DOCUMENT # 751486
 1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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. Name and Address of Current Registered Agent
**SELLS, WILLIAM
 230 STRATHMORE GATE DR
 ROYAL PALM BCH. FL 33411**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 Sells* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME	PD SELLS, WILLIAM <input type="checkbox"/> Delete
STREET ADDRESS	218 THORNAPPLE COURT
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE NAME	TD ROSENBERG, SEYMOUR <input type="checkbox"/> Delete
STREET ADDRESS	60 CANDLENUT CT.
CITY-ST-ZIP	ROYAL PALM BCH. FL 00000
TITLE NAME	SD CARR, ETTA <input type="checkbox"/> Delete
STREET ADDRESS	24 BLACK BIRCH CT.
CITY-ST-ZIP	WEST PALM BEACH FL 33411
TITLE NAME	VD BOSKINO, SOLOMAN <input type="checkbox"/> Delete
STREET ADDRESS	40 COPPERPOD CT
CITY-ST-ZIP	ROYAL PALM BCH FL 33411
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BOSKINO, SOLOMAN
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: *William Sells* **4-5-01** **561-793-2881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)