

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90049 041 \*\*\*\*61.25



<b>DOCUMENT # 751486</b>			
1. Entity Name <b>STRATHMORE GATE - I HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>230 STRATHMORE GATE DR. ROYAL PALM BEACH FL 33411-1640</b>		Mailing Address <b>230 STRATHMORE GATE DR. ROYAL PALM BEACH FL 33411-1640</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>59-2021761</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>PECKLER, ALBERT 7 BAY CEDAR COURT ROYAL PALM BEACH FL 33411</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		<b>Make Check Payable to Florida Department of State</b>

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
	PECKLER, ALBERT		<b>D HENRY JOHNSON</b>
STREET ADDRESS	7 BAY CEDAR COURT	STREET ADDRESS	<b>22 BLACK BIRCH CT</b>
CITY-STATE-ZIP	ROYAL PALM BEACH FL 33411	CITY-STATE-ZIP	<b>ROYAL PALM BEACH FL 33411</b>
	ROSENBERG, SEYMOUR		<b>D BARBARA HARNICK</b>
STREET ADDRESS	60 CANDLENUT CT.	STREET ADDRESS	<b>144 KARANDA CT</b>
CITY-STATE-ZIP	ROYAL PALM BCH, FL 00000	CITY-STATE-ZIP	<b>ROYAL PALM BEACH FL 33411</b>
	SPIEGEL, FRANCIS		<b>D JANET LIFSHUTZ</b>
STREET ADDRESS	95 ROSE BAY CT	STREET ADDRESS	<b>155 PINTO PALM CT</b>
CITY-STATE-ZIP	WEST PALM BEACH FL 33411	CITY-STATE-ZIP	<b>ROYAL PALM BEACH FL 33411</b>
	CAMBRA, RONALD		<b>D SHEILA MAEDERMOTT</b>
STREET ADDRESS	152 PINTO PALM CT	STREET ADDRESS	<b>33 COPPERPOD CT</b>
CITY-STATE-ZIP	ROYAL PALM BEACH FL 33411	CITY-STATE-ZIP	<b>ROYAL PALM BEACH FL 33411</b>
	KATZ, STAN		<b>D JANET ELLIS</b>
STREET ADDRESS	25 BLACK BIRCH CT	STREET ADDRESS	<b>50 CANDLENUT CT</b>
CITY-STATE-ZIP	WEST PALM BEACH FL 33411	CITY-STATE-ZIP	<b>ROYAL PALM BEACH FL 33411</b>
	SHAPIRO, SYLVIA		
STREET ADDRESS	190 MASTIC TREE CT	STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BEACH FL 33411	CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Al Peckler 1-29-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #