

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751486

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: STRATHMORE GATE -I HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

230 STRATHMORE GATE DR.  
ROYAL PALM BEACH, FL 334111640

**New Principal Place of Business:**

**Current Mailing Address:**

230 STRATHMORE GATE DR.  
ROYAL PALM BEACH, FL 334111640

**New Mailing Address:**

FEI Number: 59-2021761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELLIS, JANET  
50 CANDLENUT CT  
WEST PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ELLIS, JANET  
Address: 50 CANDLENUT CT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP ( ) Delete  
Name: CAVALLO, JOHN  
Address: 29 BLACK BIRCH CT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: T ( ) Delete  
Name: MCSHEEHY, RICHARD  
Address: 105 ROSE BAY CT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: VANDEWALLE, LAWRENCE  
Address: 137 KARANDA CT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: SORENSEN, CAROLINE  
Address: 14 BAY CEDAR CT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: LIFSHUTZ, JAN  
Address: 155 PINTO PALM CT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: KODAK, CAROL  
Address: 106 ROSELLE COURT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL KODAK

T

01/23/2009

Electronic Signature of Signing Officer or Director

Date