FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT '1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756877 (7)

1. Corporation Name

STRATHMORE GATE-EAST AT LAKE ST. GEORGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., STE. 110 LARGO FL 34640-5183 US	C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., STE. 110 LARGO FL 34640-5183 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1981
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2088320 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

INFINITI PROPERTY MANAGEMENT INC.
1301 SEMINOLE BLVE., STE. 110
LARGO 34640-5183

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 607 0502 and 607 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 607 0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when revoking

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	T/D	☒ Change ☐ Addition
NAME	MILLER, KAREN	12 NAME		
STREET ADDRESS	2931 BUTTONBUSH CT	13 STREET ADDRESS		
CITY ST ZIP	PALM HARBOR FL	14 CITY ST ZIP		
TITLE	PD	21 TITLE	P/D	☒ Change ☐ Addition
NAME	GALLETTA, LUCY	22 NAME	TAYLOR, JOAN W.	
STREET ADDRESS	2909 FIG CT.	23 STREET ADDRESS	2937 YUCCA COURT	
CITY ST ZIP	PALM HARBOR FL	24 CITY ST ZIP	PALM HARBOR, FL 34684	
TITLE	TD	31 TITLE	V/D	☒ Change ☐ Addition
NAME	WIGAND, PAUL	32 NAME	HODGES, JAQUELINE A.	
STREET ADDRESS	4041 ARROWWOOD COURT	33 STREET ADDRESS	2961 YUCCA COURT	
CITY ST ZIP	PALM HARBOR FL	34 CITY ST ZIP	PALM HARBOR, FL 34684	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	LYNCH, CAROL	42 NAME		
STREET ADDRESS	2906 SILVERBELL CT	43 STREET ADDRESS		
CITY ST ZIP	PALM HARBOR FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ABRAMS, ELAINE	52 NAME		
STREET ADDRESS	2929 FIG CT	53 STREET ADDRESS		
CITY ST ZIP	PALM HARBOR FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SEGUEIRA, EDITH	62 NAME		
STREET ADDRESS	4024 CORKWOOD CT	63 STREET ADDRESS		
CITY ST ZIP	PALM HARBOR FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Joan W. Taylor Joan W. Taylor 4/4/95 585-3491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001000