FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 03/20/1981
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, KAREN		1.2 NAME		
STREET ADDRESS	2931 BUTTONBUSH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	TAYLOR, JOAN W.		2.2 NAME	MILLER, ALVIN	
STREET ADDRESS	2937 YUCCA COURT		2.3 STREET ADDRESS	4032 HONEYLOCUST CT.	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	VD	☒ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	HODGES, JACQUELINE A.		3.2 NAME	GALLETTA, ROCCO	
STREET ADDRESS	2961 YUCCA COURT		3.3 STREET ADDRESS	2909 FIG CT.	
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	SD	☒ DELETE	4.1 TITLE	S/D	☐ Change ☒ Addition
NAME	LYNCH, CAROL		4.2 NAME	OGDEN, RONALD	
STREET ADDRESS	2906 SILVERBELL CT		4.3 STREET ADDRESS	2925 BOXWOOD CT.	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ABRAMS, ELAINE		5.2 NAME	MCGUIRK, FRANCES	
STREET ADDRESS	2929 FIG CT		5.3 STREET ADDRESS	2945 BUTTONBUSH CT.	
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SEGUEIRA, EDITH		6.2 NAME		
STREET ADDRESS	4024 CORKWOOD CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: _____ Alvin Miller 4-24-96 (813)585-3491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #