FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90256 026 ****61.25

0054461

407165 - 90256 - 26

DOCUMENT # **756877**

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 33770 US	C/O INFINITI PROPERTY MANAGEMENT. INC. 1301 SEMINOLE BLVD.. STE. 110 LARGO FL 33770 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/20/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2088320 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INFINITI PROPERTY MANAGEMENT INC. 1301 SEMINOLE BLVE., STE. 110 LARGO 33770	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	SD	☐ 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	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MILLER, ALVIN		2.2 NAME	ELLIOTT, LEE	
STREET ADDRESS	4032 HONEYLOCUST CT		2.3 STREET ADDRESS	2907 FIG COURT	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ABRAMS, ELAINE		3.2 NAME		
STREET ADDRESS	2929 FIG COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GALLETTA, LUCY		4. 2 NAME		
STREET ADDRESS	2909 BUTTONBUSH COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCGUIRK, FRANCES		5.2 NAME		
STREET ADDRESS	2945 BUTTONBUSH CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	LUCE, EILEEN		6.2 NAME	ILEEN	
STREET ADDRESS	2939 BUTTONBUSH COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED April 20, 1999 727-784-6290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Frances McGuirk

CR2E037 (11/98)