2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90022 046 ****61.25

DOCUMENT # 756877

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

Principal Place of Business	Mailing Address
C/O INNOVATIVE COMMUNITY MGMT. SOLUTIONS 2165 TREVOR ROAD PALM HARBOR, FL 34683 US	C/O INNOVATIVE COMMUNITY MGMT. SOLUTIONS 2165 TREVOR ROAD PALM HARBOR, FL 34683 US

01182004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3060 ALT 19 N	3060 ALT 19 N
Suite, Apt. #, etc.: SUITE B-15	Suite, Apt. #, etc.: SUITE B-15
City & State: PALM HARBOR FL	City & State: PALM HARBOR FL
Zip: 34683 Country: USA	Zip: 34683 Country: USA

4. FEI Number 59-2088320 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INNOVATIVE COMMUNITY MGMT. SOLUTIONS, INC. 2165 TREVOR ROAD PALM HARBOR, FL 34683	Name: TERRI B. WHETZEL, CMCA, AMS Street Address (P.O. Box Number is Not Acceptable): 2165 TREVOR ROAD City: PALM HARBOR FL Zip Code: 34683

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: TERRI B. WHETZEL, CMCA, AMS Terri B Whetzel 3/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RADO, LINDA 4031 BLUFF OAK COURT PALM HARBOR, FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARY ALICE MISTAL 4045 BLUFF OAK CT PALM HARBOR, FL 34684	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DRIELING, THERESA 4041 BLUFF OAK COURT PALM HARBOR, FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOAN W. TAYLOR 2937 YUCCA COURT PALM HARBOR, FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAMS, ELAINE 2929 FIG COURT PALM HARBOR, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CAVALCANTI, SYLVIA 4040 DIAMOND LEAF COURT PALM HARBOR, FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LYONS, BARBARA 2915 FIG COURT PALM HARBOR, FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, STEPHANIE 4032 CORKWOOD COURT PALM HARBOR, FL 34684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Linda E. Rado 3/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LINDA E. RADO