2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756877

FILED Apr 20, 2008 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
905 E. MARTIN LUTHER KING, JR. DR. SUITE 570 TARPON SPRINGS, FL 34689 US				600 EAST TARPON A TARPON SPRINGS, F		US	
Current Mailing Address:				New Mailing Address:			
905 E. MARTIN LUTHER KING, JR. DR. SUITE 570 TARPON SPRINGS, FL 34689 US				600 EAST TARPON A TARPON SPRINGS, F		US	
FEI Number:	59-2088320	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certifica	ate of Status Desired ()	
Name and	Address of	Current Registered Agent:		Name and Address of	of New Reg	istered Agent:	
WHETZEL, TERRI B 905 E. MARTIN LUTHER KING, JR. DR. SUITE 570 TARPON SPRINGS, FL 34689 US				WHETZEL, TERRI B 600 EAST TARPON A TARPON SPRINGS, F		US	
	named entit of Florida.	y submits this statement for the	purpose o	f changing its registere	d office or r	registered agent, or both,	
SIGNATURE:					C	14/20/2008	
	Electr	onic Signature of Registered Ag	gent			Date	
OFFICERS	S AND DIRE	CTORS:		ADDITIONS/CHANG	ES TO OFF	FICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	RADO, LINDA 4031 BLUFF	() Delete A E OAK COURT OR, FL 34684 US		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	DRIELING, T 4041 BLUFF	() Delete HERESA R OAK COURT OR, FL 34684 US		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	MISTAL, MAI 4045 BLUFF			Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	CAVALCANT 4040 DIAMO	() Delete I, SYLVIA ND LEAF COURT OR, FL 34684 US		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	LYONS, BAR 2915 FIG CO			Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	TAYLOR, JO 2937 YUCCA			Title: Name: Address: City-St-Zip:	() Change	() Addition	
				at avalify for the excess			

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: LINDA E. RADO PD 04/20/2008