

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90223 048 ****61.25

DOCUMENT # 756877

1. Entity Name

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



90026803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3070 Alternate 19 North

3. Mailing Address
3060 Alternate 19 North

Suite, Apt. #, etc.
Suite B-15

Suite, Apt. #, etc.
Suite B-15

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

Zip
34683-1929

Country
USA

Zip
34683-1929

Country
USA

4. FEI Number 59-2088320

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Terri B. Whetzel, CMCA, AMS

Street Address (P.O. Box Number is Not Acceptable)

2165 Trevor Road

City Palm Harbor

FL Zip Code
34683-1733

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

Terri B. Whetzel, CMCA, AMS

02-11-03

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P/D - RADO, LINDA E.
4031 BLUFF OAK COURT
PALM HARBOR, FL 34684-3604

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP/D - DRIELING, THERESIA RESEL
4041 BLUFF OAK COURT
PALM HARBOR, FL 34684-3604

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S/D - CAVALCANTI, SYLVIA
4040 DIAMOND LEAF COURT
PALM HARBOR, FL 34684-3610

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T/D - LYONS, BARBARA A.
2915 FIG COURT
PALM HARBOR, FL 34684-3614

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D - ABRAMS, ELAINE M.
2929 FIG COURT
PALM HARBOR, FL 34684-3614

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D - MARTIN, STEPHANIE L.
4032 CORKWOOD COURT
PALM HARBOR, FL 34684-3608

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda E. Rado, President

02/11/03

727-944-4488

Date

Daytime Phone #

CR2E037B (12/02)