


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 17 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N95000001288 (8)**  
1. Corporation Name  
**QUEEN ANNE GATE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>GOLDSTAR MANAGEMENT 34072 US 19 NORTH PALM HARBOR FL 34685 US</b>	Mailing Address <b>GOLDSTAR MANAGEMENT 34072 US 19 NORTH PALM HARBOR FL 34685 US</b>
---	---

3. Date Incorporated or Qualified <b>03/14/1995</b>
4. FEI Number <b>59-3345362</b>
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> No <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**GOLDMAN, WILLIAM  
34072 U.S. 19 NORTH  
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City <b>FL</b> 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, to 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: *[Signature]* DATE: **2/10/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CUBBELLOTTI, AL	
STREET ADDRESS	1191 ROYAL BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MC PARLAND, PHYLLIS	
STREET ADDRESS	1167 ROYAL BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARDALICE, LEONARD	
STREET ADDRESS	1116 ROYAL BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JUNG, DICK	
STREET ADDRESS	4935 ORANGE GROVE WAY	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LA RIVIERE, WILLIAM	
STREET ADDRESS	1182 ROYAL BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres. & Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael S. Fitzgerald	
1.3 STREET ADDRESS	1195 Royal Blvd.	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
2.1 TITLE	Vice Pres. Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TROTT, J. MORGAN	
2.3 STREET ADDRESS	1090 TOWNAL BLVD	
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
3.1 TITLE	Sec & Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS MINTER	
3.3 STREET ADDRESS	1190 ROYAL BL	
3.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ERNEST PASPALE	
4.3 STREET ADDRESS	1127 ROYAL BLVD.	
4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
5.1 TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LESTER A. EVERS	
5.3 STREET ADDRESS	1197 ROYAL BLVD	
5.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *[Signature]* DATE: **2/10/98**

CR2E037 (10/97)