

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90063 043 ****61.25

DOCUMENT # N95000001288

1. Entity Name

QUEEN ANNE GATE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**% MICHELLE RUDKIN
 2595 TAMPA RD., SUITE H
 PALM HARBOR FL 34684
 US**

**% MICHELLE RUDKIN
 2595 TAMPA RD., SUITE H
 PALM HARBOR FL 34684
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3345362

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUDKIN, MICHELLE
 2595 TAMPA RD., SUITE H
 PALM HARBOR FL 34684**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, MICHAEL J	
STREET ADDRESS	1195 ROYAL BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MINTER, THOMAS	
STREET ADDRESS	1190 ROYAL BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PASQUALE, ERNEST	
STREET ADDRESS	1127 ROYAL BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERS, LESTER A	
STREET ADDRESS	1197 ROYAL BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD MABENNIS	
STREET ADDRESS	1151 ROYAL BLVD.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY CONVERSE	
STREET ADDRESS	1077 ROYAL BLVD.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #