2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500001288

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 25% TAMPA RD SUITE H PALM HARBOR FL 34684 US					
2. Principal Place of Business	3. Mailing Address					

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

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PALM HARBOR FL 34684 US 2. Principal Place of Business			PALM HARBOR FL 34684 US 3. Mailing Address			1 18871181	### (#### ##)) (11)	40 112 50 121 1	18/8/ ((18/8 /(66)	1818) JOH JOS		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State			4. FEI Number 59-3345362				pplied For lot Applicable	}		
Zip		Country	Zip	Cou			5. Certificate of Status Desired			\$8.75 Additional Fee Required			
Name and Address of Current Registered Agent							7. Name and	Address	of New Re	egistered	Agent	<u> </u>	_
The state of the s												<u> </u>	
RUDKIN, MICHELLE 2595 TAMPA RD., SUITE H PALM HARBOR FL 34684					Street Address (P.O. Box Number is Not Acceptable)								
					City				····	FI	L Zip Co	de	
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	: Registere	I Agent signat	ure required	when reinstating)			DATE			
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FILE NOW: 9. Election Campaign Fir Trust Fund Contribution					.∂ □	\$5.0 Added	0 May Be I to Fees	} 			Payable to the Payabl		
10.		OFFICERS AND DI	RECTORS	11.			ADDITIONS/CH	ANGES TO	OFFICE	RS AND E	DIRECTORS	N 10	٦.
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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 #