

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741535 (9)

1. Corporation Name

TREGATE EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5550 BEE RIDGE ROAD  
STE E-3  
SARASOTA FL 34233  
US5550 BEE RIDGE ROAD  
STE E-3  
SARASOTA FL 34233-1505  
US

3. Date Incorporated or Qualified

02/06/1978

3a. Date of Last Report

04/26/1996

4. FEI Number

59-1807348

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MGMT CONCEPTS OF SARASOTA COUNTY INC  
5550 BEE RIDGE RD  
STE E3  
SARASOTA FL 34233

61 Name

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

63

64 City

FL

65 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, in 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME PFEIL, HANK  
STREET ADDRESS 3981 MACEACHEN BLVD  
CITY-ST-ZIP SARASOTA FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME GRAY, REX  
STREET ADDRESS 3987 MACEACHEN BLVD.  
CITY-ST-ZIP SARASOTA, FL 000002.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD ☒ DELETE  
NAME BERGEN, ALICE  
STREET ADDRESS 3983 MACEACHEN BLVD  
CITY-ST-ZIP SARASOTA FL3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Carbone, Josephine  
3.3 STREET ADDRESS 3983 Mac Eachen Blvd #432  
3.4 CITY-ST-ZIP Sarasota FL 34233TITLE TD ☐ DELETE  
NAME MOHR, RUTH  
STREET ADDRESS 3983 MACEACHEN BLVD.  
CITY-ST-ZIP SARASOTA FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME BREKHUS, ARTHUR  
STREET ADDRESS 3985 MACEACHEN BLVD  
CITY-ST-ZIP SARASOTA FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 941-371-5200

Date Daytime Phone # 0063069

CR2E037 (9/96)