

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90175 018 ****61.25

DOCUMENT # 741535

1. Corporation Name

TREGATE EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



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

3. Date Incorporated or Qualified

02/06/1978

4. FEI Number

59-1807348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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, 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

TITLE ☐ DELETE

NAME PD
PFEIL, HANK
STREET ADDRESS 3981 MACEACHEN BLVD
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME VD
GRAY, REX
STREET ADDRESS 3987 MACECHEN BLVD.
CITY-ST-ZIP SARASOTA, FL 00000

TITLE ☐ DELETE

NAME SD
CARBONE, JOSEPHINE
STREET ADDRESS 3983 MAC EACHEN BLVD., #432
CITY-ST-ZIP SARASOTA FL

TITLE ☒ DELETE

NAME TD
MOHR, RUTH
STREET ADDRESS 3983 MACEACHEN BLVD.
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME D
BOFINGER, ED
STREET ADDRESS 3983 MACEACHEN BLVD #430
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
CASEY, JAMES
3981 MAC EACHEN BLVD #331
SARASOTA FL 34233

TD
D

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)