

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90050 012 \*\*\*\*61.25

**DOCUMENT # 726920**

1. Entity Name

TOLL GATE SHORES ASSOCIATION, INC.



Principal Place of Business

207 TOLL GATE BLVD  
ISLAMORADA FL 33036  
US

Mailing Address

257 TOLL GATE BLVD  
ISLAMORADA FL 33036  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILLIAMS, RICHARD B  
257 TOLL GATE BLVD  
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                         |                                            |
|----------------|-------------------------|--------------------------------------------|
| TITLE          | VS                      | <input type="checkbox"/> Delete            |
| NAME           | BALDWIN, SUSI           |                                            |
| STREET ADDRESS | TOLL GATE BLVD          |                                            |
| CITY-ST-ZIP    | ISLAMORADA FL 33036     |                                            |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | STEWART, ANNE           |                                            |
| STREET ADDRESS | 317 TALL GATE SHORES DR |                                            |
| CITY-ST-ZIP    | ISLAMORADA FL 33036     |                                            |
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | WHITLEY, SUE            |                                            |
| STREET ADDRESS | 220 TOLL GATE BLVD      |                                            |
| CITY-ST-ZIP    | ISLAMORADA FL 33036     |                                            |
| TITLE          | TD                      | <input type="checkbox"/> Delete            |
| NAME           | WILLIAMS, RICHARD B     |                                            |
| STREET ADDRESS | 257 TOLL GATE BLVD      |                                            |
| CITY-ST-ZIP    | ISLAMORADA FL 33036     |                                            |
| TITLE          | DP                      | <input type="checkbox"/> Delete            |
| NAME           | ALLEN, KEITH            |                                            |
| STREET ADDRESS | 207 TOLL GATE BLVD      |                                            |
| CITY-ST-ZIP    | ISLAMORADA FL 33036     |                                            |
| TITLE          | TP                      | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLIAMS, RICHARD B     |                                            |
| STREET ADDRESS | 257 TALL OAKS BLVD      |                                            |
| CITY-ST-ZIP    | ISLAMORADA FL 33036     |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |                                                                              |
|----------------|----------------------|------------------------------------------------------------------------------|
| TITLE          | VS D                 | <input checked="" 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    |                      |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY-ST-ZIP    |                      |                                                                              |
| TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Sally Lincoln        |                                                                              |
| STREET ADDRESS | 205 Toll Gate Blvd   |                                                                              |
| CITY-ST-ZIP    | Islamorada, FL 33036 |                                                                              |

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:** *Richard B. Williams* Richard B. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 March 2004 (305)664-4054

Date

Daytime Phone #