2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# 741535

Entity Name: TREGATE EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5516 BURNT BRANCH CIRCLE
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

5317 FRUITVILLE ROAD # 228
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-1807348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLURE PROPERTY MANAGEMENT, INC.
5516 BURNT BRANCH CIRCLE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GUARNELLA, MARY
Address: 3987 MALEACHEN BLVD #135
City-St-Zip: SARASOTA, FL 34233

Title: P ( ) Delete
Name: CUNDIFF, CAROL
Address: 3981 MALEACHEN BLVD #313
City-St-Zip: SARASOTA, FL 34233

Title: T ( ) Delete
Name: SHUART, MARTIN
Address: 3983 MACEACHEN BLVD #420
City-St-Zip: SARASOTA, FL 34233

Title: VP ( ) Delete
Name: CAMPBELL, BILLIE
Address: 3983 MACEACHEN BLVD 421
City-St-Zip: SARASOTA, FL 34233

Title: S ( ) Delete
Name: KENNEDY, CARLA
Address: 3987 MACEACHEN BLVD # 111
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: CUNDIFF, CAROL ANN
Address: 3981 MALEACHEN BLVD #313
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ANDERSON, GALE
Address: 3981 MACEACHEN BLVD 323
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL ANN CUNDIFF PRES 02/11/2009

Electronic Signature of Signing Officer or Director — Date