2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 726920

Entity Name: TOLL GATE SHORES ASSOCIATION, INC.

Current Principal Place of Business:

198 TOLL GATE BLVD
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

198 TOLL GATE BLVD
ISLAMORADA, FL 33036 US

New Mailing Address:

FEI Number: 59-1497334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEAL, PAUL M
198 TOLL GATE BLVD
ISLAMORADA, FL 33036 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:	DP	( ) Delete
Name:	ELBAUM, DAVID	
Address:	225 TOLL GATE BLVD	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	D	( ) Delete
Name:	BRODIE, LYNN	
Address:	315 TOLLGATE SHORES	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	DT	( ) Delete
Name:	BEAL, PAUL M	
Address:	198 TOLL GATE BLVD	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	DVP	( ) Delete
Name:	BOND, WILLIAM	
Address:	261 TOLL GATE BLVD	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	DS	( ) Delete
Name:	STEWART, ANNA	
Address:	317 TOLLGATEGATE SHORES DR	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	D	( ) Delete
Name:	SWANTEK, DANIEL	
Address:	126 TOLLGATE LANE	
City-St-Zip:	ISLAMORADA, FL 33036	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PAUL M. BEAL DT 03/19/2009

Electronic Signature of Signing Officer or Director — Date