

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741535

Entity Name: TREGATE EAST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**9040 TOWN CENTER PKWY.
LAKEWOOD RANCH, FL 34202**Current Mailing Address:**9040 TOWN CENTER PARKWAY
LAKEWOOD RANCH, FL 34202 US**FEI Number:** 59-1807348**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLURE PROPERTY MANAGEMENT, INC.
9040 TOWN CENTER PKWY.
LAKEWOOD RANCH, FL 34202 US*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**Officer/Director Detail :**

Title D
Name GUARNELLA, MARY
Address 3987 MACEACHEN BLVD #135
City-State-Zip: SARASOTA FL 34233

Title VPD/SD
Name KENNEDY, CARLA
Address 3987 MACEACHEN BLVD # 111
City-State-Zip: SARASOTA FL 34233

Title TD
Name MICKEY, JAMES
Address 3987 MACEACHEN BLVD #134
City-State-Zip: SARASOTA FL 34233

Title PD
Name SHUART, MARTIN
Address 3981 MACEACHEN BLVD #313
City-State-Zip: SARASOTA FL 34233

Title D
Name GULOTTA, SARAH
Address 3987 MACEACHEN BLVD # 112
City-State-Zip: SARASOTA FL 34233

I hereby 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 all other like empowered.

SIGNATURE: MARTIN SHUART**PRESIDENT****02/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date