

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756877

Entity Name: STRATHMORE GATE-EAST AT LAKE ST. GEORGE
HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 18, 2015
Secretary of State
CC3514296178**Current Principal Place of Business:**24701 US HWY 19 NORTH
SUITE 102
CLEARWATER, FL 33766**Current Mailing Address:**24701 US HWY 19 NORTH
SUITE 102
CLEARWATER, FL 33766 US**FEI Number: 59-2088320****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROWDER, KAREN
24701 US HWY 19 NORTH
SUITE 102
CLEARWATER, FL 33766 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	PD
Name	ABRAMS, ELAINE
Address	24701 US HIGHWAY 19 N SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	VPD
Name	KRAMER, RICHARD
Address	24701 US HIGHWAY 19 N SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	TD
Name	MILLER, KAREN
Address	24701 US HIGHWAY 19 N SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	DIR
Name	PEASE, JERRE
Address	24701 US HIGHWAY 19 N SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	DIR
Name	AUSTIN, TRACY
Address	24701 US HIGHWAY 19 N SUITE 102
City-State-Zip:	CLEARWATER FL 33763

Title	SD
Name	VON BESSER, VERNETTE
Address	24701 US HIGHWAY 19 N SUITE 102
City-State-Zip:	CLEARWATER FL 33763

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: ELAINE ABRAMS**PD****04/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date