


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 703132 1. Entity Name EAST GATE PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1314 LAUREL AVE. VENICE, FL 34285 US	Mailing Address P O BOX 425 VENICE, FL 34284-0425
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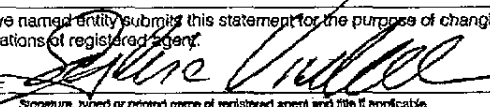
03232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6520332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VINKEL, SYLVIA 1315 FIR AVE. VENICE, FL 34285

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IN THIS SPACE**

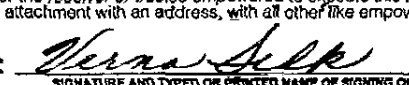
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: Apr. 11, 06
<small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)</small>	

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SILK, VERNA 1314 LAUREL AVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COLLINS, JULIE 1319 FIR AVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WINEMILLER, KATHIE 1309 EASTGATE DRIVE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VINKEL, SYLVIA 1815 FIR AVE. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLIN, JODY 1308 FIR AVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOSTOCK, ELSIE 1321 FIR AVENUE VENICE, FL

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04/27/06-80096-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE: 4-8-06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	