

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 703132**

1. Entity Name  
**EAST GATE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1314 LAUREL AVE.  
VENICE, FL 34285 US**

Mailing Address  
**P O BOX 425  
VENICE, FL 34284-0425**



03212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-6520332**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**VINKEL, SYLVIA  
1315 FIR AVE.  
VENICE, FL 34285**

**DO NOT WRITE  
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

*Sylvia Vinkel*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Mar 21, 2007*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**P**  
NAME  
**SILK, VERNA**  
STREET ADDRESS  
**1314 LAUREL AVE**  
CITY-ST-ZIP  
**VENICE, FL 34292**

TITLE  
**V**  
NAME  
**COLLINS, JULIE**  
STREET ADDRESS  
**1319 FIR AVE**  
CITY-ST-ZIP  
**VENICE, FL 34292**

TITLE  
**S**  
NAME  
**WINEMILLER, KATHIE**  
STREET ADDRESS  
**1309 EASTGATE DRIVE**  
CITY-ST-ZIP  
**VENICE, FL 34285**

TITLE  
**T**  
NAME  
**VINKEL, SYLVIA**  
STREET ADDRESS  
**1815 FIR AVE.**  
CITY-ST-ZIP  
**VENICE, FL 34285**

TITLE  
**D**  
NAME  
**ALLIN, JODY**  
STREET ADDRESS  
**1308 FIR AVE**  
CITY-ST-ZIP  
**VENICE, FL 34292**

TITLE  
**D**  
NAME  
**KOSTOCK, ELSIE**  
STREET ADDRESS  
**1321 FIR AVENUE**  
CITY-ST-ZIP  
**VENICE, FL**

000000680334  
04/03/07-80072-021 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:**

*Verna Silk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/21/07*  
Date

Daytime Phone #