

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741535

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** TREGATE EAST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5516 BURNT BRANCH CIRCLE  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

5317 FRUITVILLE ROAD # 228  
SARASOTA, FL 34232 US

**New Mailing Address:**

**FEI Number:** 59-1807348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLURE PROPERTY MANAGEMENT, INC.  
5516 BURNT BRANCH CIRCLE  
SARASOTA, FL 34232 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: D ( ) Delete  
Name: GUARNELLA, MARY  
Address: 3987 MALEACHEN BLVD #135  
City-St-Zip: SARASOTA, FL 34233

Title: P ( ) Delete  
Name: CUNDIFF, CAROL  
Address: 3981 MALEACHEN BLVD #313  
City-St-Zip: SARASOTA, FL 34233

Title: T ( ) Delete  
Name: SHUART, MARTIN  
Address: 3983 MACEACHEN BLVD #420  
City-St-Zip: SARASOTA, FL 34233

Title: VP ( ) Delete  
Name: CAMPBELL, BILLIE  
Address: 3983 MACEACHEN BLVD 421  
City-St-Zip: SARASOTA, FL 34233

Title: S ( ) Delete  
Name: KENNEDY, CARLA  
Address: 3987 MACEACHEN BLVD # 111  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: CUNDIFF, CAROL ANN  
Address: 3981 MALEACHEN BLVD #313  
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ANDERSON, GALE  
Address: 3981 MACEACHEN BLVD 323  
City-St-Zip: SARASOTA, FL 34233

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: CAROL ANN CUNDIFF

PRES

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date