2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #748135**



OMINIUM ASSOCIATION,	
Mailing Address	

	GATE VILLAGE CONDOM I FOUR, INC.	INIUM ASSOCIATIO	v.			05 01 200	, 50000 020	, .	71.23
Principal Place 4216 CENTE SARASOTA, F	R GATE	Mailing Address 5657 EVERGREEN SARASOTA, FL 34233	US		700-				
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01282007 C	Chg-NP	CR2E037 (1	12/06)	
City & State	е	City & State			4. FEI Number 59-20165	88			plied For Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		75 Addi Required	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New I	Registered Ager	nt	
STIVERS,			Name		P.O. Box Number is	Not Acceptable			
	TER GATE LANE TA, FL 34233		0.00						
			City			-	FL	Zip Code	,
	named entity submits this statement follows of registered agent.	or the purpose of changing its	registered office	or register	red agent, or both, i	n the State of Fl		iliar with, a	and accept
•	-								
SIGNATURE .	William Stivers Signeture, typed or printed name of regulared agent	and title if applicable. (NOTE	: Registered Agent sig	grature required	t when remeating)	···	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Care Trust Fund C	npaign Financing Contribution.	" 🗆	\$5.00 May Be Added to Fees		ilake check pa ilda Departme		
10.	OFFICERS AND DI	Trust Fund C			Added to Fees ADDITIONS/CHANG	Flo GES TO OFFICE	rida Departme ERS AND DIREC	TORS IN	ate 10
TITLE	OFFICERS AND DE	Trust Fund C	11.		Added to Fees ADDITIONS/CHANG	GES TO OFFICE	rida Departme ERS AND DIREC	TORS IN	ate
TITLE NAME >	OFFICERS AND DI PD STIVERS, WILLIAM	Trust Fund C	contribution.	Will 42.	Added to Fees ADDITIONS/CHANGE III AM B 38 Cente	GES TO OFFICI UT LER R CATE	ERS AND DIRECT	TORS IN	ate 10
TITLE	OFFICERS AND DE	Trust Fund C	11. TITLE NAME	Will 42.	Added to Fees ADDITIONS/CHANG	GES TO OFFICI UT LER R CATE	ERS AND DIRECT	TORS IN	ate 10
TITLE NAME STREET ADDRESS	OFFICERS AND DI PD STIVERS, WILLIAM 4216 CENTER GATE LANE SARASOTA, FL 34233 D	Trust Fund C	11. TITLE NAME STREET ADDRES CITY-ST-ZP	Will 42.	Added to Fees ADDITIONS/CHANG BIGAM BS Cente HRASCTA	GESTO OFFICE UTLER R GATE FL	ERS AND DIRECTOR LANGE	TORS IN Change	10 Addition
NAME J STREET ADDRESS CRY-ST-ZIP TITLE NAME	PD STIVERS, WILLIAM 4216 CENTER GATE LANE SARASOTA, FL 34233 D BRENNAN, MAUREEN	Trust Fund C	11. TITLE NAME STREET ADDRES CITY-57-ZP TITLE NAME	Will 42.	Added to Fees ADDITIONS/CHANG BIGAM BS Cente HRASCTA	GESTO OFFICE UTLER R GATE FL	ERS AND DIRECTOR LANGE	TORS IN Change	10 Addition
TITLE NAME J STREET ADDRESS CRTY-ST-ZIP TITLE	OFFICERS AND DI PD STIVERS, WILLIAM 4216 CENTER GATE LANE SARASOTA, FL 34233 D	Trust Fund C	11. TITLE NAME STREET ADDRES CITY-ST-ZP	Will 42.	Added to Fees ADDITIONS/CHANG BIGAM BS Cente HRASCTA	GESTO OFFICE UTLER R GATE FL	ERS AND DIRECTOR LANGE	TORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS	PD STIVERS, WILLIAM 4216 CENTER GATE LANE SARASOTA, FL 34233 D BRENNAN, MAUREEN 4228 CENTER GATE LA	Trust Fund C	11. TITLE NAME STREET ADDRES CITY-ST-ZP TITLE NAME STREET ADDRES	Will 42.	Added to Fees ADDITIONS/CHANGE III AM B 38 Cente	GESTO OFFICE UTLER R GATE FL	Hda Departments and Diffect Carnets and Diffett Carnets and Diffet	TORS IN Change	10 Addition
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Intereory certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Profide statutes, I find 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 early that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytrne Phone #
SIGNATURE: William Stivers, PD)		