

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751486

FILED
Jan 23, 2009
Secretary of State

Entity Name: STRATHMORE GATE -I HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

230 STRATHMORE GATE DR.
ROYAL PALM BEACH, FL 334111640

New Principal Place of Business:

Current Mailing Address:

230 STRATHMORE GATE DR.
ROYAL PALM BEACH, FL 334111640

New Mailing Address:

FEI Number: 59-2021761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIS, JANET
50 CANDLENUT CT
WEST PALM BEACH, FL 33411 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: P () Delete
Name: ELLIS, JANET
Address: 50 CANDLENUT CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP () Delete
Name: CAVALLO, JOHN
Address: 29 BLACK BIRCH CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: T () Delete
Name: MCSHEEHY, RICHARD
Address: 105 ROSE BAY CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: VANDEWALLE, LAWRENCE
Address: 137 KARANDA CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: SORENSEN, CAROLINE
Address: 14 BAY CEDAR CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: LIFSHUTZ, JAN
Address: 155 PINTO PALM CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: KODAK, CAROL
Address: 106 ROSELLE COURT
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

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

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 KODAK

T

01/23/2009

Electronic Signature of Signing Officer or Director

Date