

12Dec.21. 2005:11:22AM54-463-1222

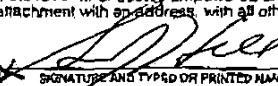
JENNINGS VALANCY

No.0052 P. 4/4 02/05

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN -6 AM 8:37

DOCUMENT # 756120					
1. Entity Name THE VILLAS AT THE GATE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5300 POWERLINE RD #200A FORT LAUDERDALE, FL 33309 US			Mailing Address 5300 POWERLINE RD SUITE #200A FORT LAUDERDALE, FL 33309 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. # etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-2231414				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEYROWITZ, ANDREW %DCI ASSOC. SERVICES 2035 HARDING STREET, SUITE #200 HOLLYWOOD FL 33020				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTES: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	CHALMERS, ROBERT		NAME	300064016133	
STREET ADDRESS	5213 GATE LAKE ROAD		STREET ADDRESS	01/19/06--01008--005 **61.25	
CITY- ST- ZIP	TAMARAC, FL 33319		CITY- ST- ZIP		
TITLE	P	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	FULGENCIO MILLER, VIVIAN		NAME		
STREET ADDRESS	5307 GATE LAKE ROAD		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC, FL 33319		CITY- ST- ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HILL, SANDRA J		NAME		
STREET ADDRESS	5211 GATE LAKE ROAD		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC, FL 33319		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MORRIS, DORIS		NAME		
STREET ADDRESS	5303 GATE LAKE ROAD		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC, FL 33319		CITY- ST- ZIP		
TITLE	PRES	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BAUMEL, JEFF		NAME		
STREET ADDRESS	5253 GATE LAKE ROAD		STREET ADDRESS		
CITY- ST- ZIP	TAMARAC, FL 33319		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 			SANDRA J. HILL, SECRETARY 1/3/06 954-527-7420		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

1/10/06