2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# 757487

Entity Name: GULF GATE EAST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 20595
SARASOTA, FL 342763595

New Principal Place of Business:

Current Mailing Address:

PO BOX 20595
SARASOTA, FL 342763595

New Mailing Address:

FEI Number: 59-2601035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KABEL L, THOMAS N
3892 KINGSTON BLVD
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

KABEL, THOMAS N
3892 KINGSTON BLVD
SARASOTA, FL 34238 US

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: THOMAS N. KABEL 10/06/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KOPRESKI, ALICE
Address: 4270 KINGSTON CT
City-St-Zip: SARASOTA, FL 34238

Title: DT ( ) Delete
Name: KABEL, THOMAS
Address: 3892 KINGSTON BLVD
City-St-Zip: SARASOTA, FL 34238

Title: VPSD ( ) Delete
Name: HARGRAVE, MARILYN
Address: 4304 KINGSTON LOOP
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPSD (X) Change ( ) Addition
Name: WELCH, LINDA
Address: 6573 WATERFORD CIRCLE
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS N. KABEL DT 10/06/2005
Electronic Signature of Signing Officer or Director Date