2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757487

FILED Jan 14, 2006 Secretary of State

Entity Name: GULF GATE EAST HOMEOWNERS ASSOCIATION, INC.								
Current Principal Place of Business:					New Principal Place of Business:			
PO BOX 20: SARASOTA		359	95					
Current Mailing Address:					New Mailing Address:			
PO BOX 20: SARASOTA		359	95					
FEI Number: 59-2601035 FEI Number Applied For () FEI Nur				mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
KABEL, THO 3892 KINGS SARASOTA	STON BLVE		US					
The above r		y su	bmits this statement for the p	urpose o	f changing it	s registered	d office or r	registered agent, or both,
SIGNATURE:								
Electronic Signature of Registered Agent					Date			
OFFICERS AND DIRECTORS:					${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	PD KOPRESKI, A 4270 KINGS SARASOTA,	ÀLIC TON	СТ		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	DT KABEL, THO 3892 KINGS' SARASOTA,	MAS TON	BLVD		Title: Name: Address: City-St-Zip:	DTR KABEL, THO 3892 KINGS' SARASOTA,	TON BLVD	() Addition
Title: Name: Address: City-St-Zip:	VPSD WELCH, LIN 6573 WATER SARASOTA,	DÁ RFOF			Title: Name: Address: City-St-Zip:		() Change	() Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS N. KABEL DTRE 01/14/2006