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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770401** (8)
1. Corporation Name
EAST GATE TERRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O ROBERT G. HIGH 1031 ROBERTA ST. VENICE FL 34292 US
C/O JERREL E. TOWERY 333 S. TAMiami TRAIL, SUITE 291 VENICE FL 34265-2427 US

3. Date Incorporated or Qualified **09/23/1983** 3a. Date of Last Report **06/13/1996**
4. FEI Number **59-2310887** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**TOWERY, JERREL E.
333 S. TAMiami TRAIL
VENICE FL 33595**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	TUCKER, ROY
STREET ADDRESS	1056 ROBERTA ST.
CITY - ST - ZIP	VENICE FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	TUCKER, JUNE
STREET ADDRESS	1056 ROBERTA ST.
CITY - ST - ZIP	VENICE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	HIGH, ROBERT G.
STREET ADDRESS	1031 ROBERTA ST.
CITY - ST - ZIP	VENICE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GAYLORD, ELLIS
STREET ADDRESS	1020 HOPE ST.
CITY - ST - ZIP	VENICE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHROEDER, GRATIA D.
STREET ADDRESS	1032 VENETIAN PKWY.
CITY - ST - ZIP	VENICE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HATHAWAY, WILLIAM
STREET ADDRESS	1028 LILLIAN ST.
CITY - ST - ZIP	VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4-23-97** **941-488-2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084452

CR2E037 (9/96)