

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90078 022 ****61.25

DOCUMENT # 770401

1. Corporation Name

EAST GATE TERRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O ROBERT G. HIGH
1031 ROBERTA ST.
VENICE FL 34292
US

Mailing Address

C/O JERREL E. TOWERY
333 S. TAMiami TRAIL, SUITE 291
VENICE FL 34285-2005
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

09/23/1983

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TUCKER, ROY**
CITY-ST-ZIP **1056 ROBERTA ST.**
VENICE FL

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **TUCKER, JUNE**
CITY-ST-ZIP **1056 ROBERTA ST.**
VENICE FL

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **HIGH, ROBERT G.**
CITY-ST-ZIP **1031 ROBERTA ST.**
VENICE FL

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **GAYLORD, ELLIS**
CITY-ST-ZIP **1020 HOPE ST.**
VENICE FL

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **SCHROEDER, GRATIA D.**
CITY-ST-ZIP **1032 VENETIAN PKWY.**
VENICE FL

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **HATHAWAY, WILLIAM**
CITY-ST-ZIP **1028 LILLIAN ST.**
VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **SMITH, CARL D.**
4.4 CITY-ST-ZIP **1024 Roberta St.**
Venice, FL 34292

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **SMITH, PATRICIA**
5.4 CITY-ST-ZIP **1024 Roberta St.**
Venice, FL 34292

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **KITTINGER, WILLIAM ALBERT**
6.4 CITY-ST-ZIP **1039 Roberta St.**
Venice, FL 34292

14. 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 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, with all other like empowered.

SIGNATURE:

ROBERTA HIGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99 941-488-2007
Date Daytime Phone #