


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90415 012 \*\*\*\*61.25

<b>DOCUMENT # 770401</b>	
<b>1. Entity Name</b>	
EAST GATE TERRACE HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
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 34285-2005 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	304 W. Venice Ave. 220

<b>City &amp; State</b>	<b>City &amp; State</b>
Venice FL	Venice FL
<b>Zip</b>	<b>Country</b>
34285	Sarasota



MOORE CR2E037 (11/03)

<b>4. FEI Number</b>	<b>Applied For</b>
59-2310887	Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
TOWERY, JERREL E. 333 S. TAMiami TRAIL VENICE FL 33595
304 W. Venice Ave #220 34285

<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>ST</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	TUCKER, JUNE	<b>NAME</b>	
<b>STREET ADDRESS</b>	1056 ROBERTA ST.	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	VENICE FL	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HIGH, ROBERT G.	<b>NAME</b>	
<b>STREET ADDRESS</b>	1031 ROBERTA ST.	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	VENICE FL	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VPD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	SMITH, CARL D	<b>NAME</b>	
<b>STREET ADDRESS</b>	1024 ROBERTA ST	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	VENICE FL 34292	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	SMITH, PATRICIA	<b>NAME</b>	
<b>STREET ADDRESS</b>	1024 ROBERTA ST	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	VENICE FL 34292	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HIGH, MARILYN	<b>NAME</b>	
<b>STREET ADDRESS</b>	1031 ROBERTA STREET	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	VENICE FL 34292	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** *X Robert G. High* **4-22-04** **941-488-2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #