

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90131 032 ****61.25

DOCUMENT # N03000004749			
1. Entity Name SEA GATE ASSOCIATION, INC.			
Principal Place of Business 11983 NORTH TAMiami TRAIL SUITE 132 NAPLES, FL 34110		Mailing Address 11983 NORTH TAMiami TRAIL SUITE 132 NAPLES, FL 34110	
2. Principal Place of Business <i>Sea Gate Association, Inc.</i>		3. Mailing Address <i>Sea Gate Association</i>	
Suite, Apt. #, etc. <i>3245 White Ibis Ct</i>		Suite, Apt. #, etc. <i>3245 White Ibis Ct</i>	
City & State <i>Punta Gorda, FL</i>		City & State <i>Punta Gorda, FL</i>	
Zip <i>33950</i>		Zip <i>33950</i>	
Country		Country	
4. FEI Number 20-1214723		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNOELLER, ALBERT 11983 NORTH TAMiami TRAIL SUITE 132 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name: <i>Patrick Kepen</i> Street Address (P.O. Box Number is Not Acceptable): <i>3245 White Ibis Court</i> City: <i>Punta Gorda</i> FL Zip Code: <i>33950</i>	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KNOEPFFLER, ALBERT 11983 NORTH TAMiami TRAIL SUITE 132 NAPLES, FL 34110	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOSCIALE, ALESSANDRA 11983 NORTH TAMiami TRAIL SUITE 132 NAPLES, FL 34110	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOEPFFLER, ALEJANDRO 9420 OLD CUTLER ROAD CORAL GABLES, FL 33158	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Patrick Kepen 3245 White Ibis Punta Gorda FL 33950	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael W. Balas 3245 White Ibis Ct, Unit 112 Punta Gorda FL 33950	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Michael W. Balas</i> <i>Patrick Kepen</i> <i>3/17/06</i> <i>908-432-1328</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			