2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005952

FILED May 26, 2004 Secretary of State

Entity Name: EAST GATE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6666 110TH STREET SEBASTIAN, FL 32958

Current Mailing Address: New Mailing Address:

6666 110TH STREET SEBASTIAN, FL 32958

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLOCK, SAMUEL A 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: LEE, ROBERT E Name: LEE, CLARAROSE

 Name:
 LEE, ROBERT E
 Name:
 LEE, CLARAROSE

 Address:
 6666 110TH STREET
 Address:
 6666 110TH STREET

 City-St-Zip:
 SEBASTIAN, FL 32958
 City-St-Zip:
 SEBASTIAN, FL 32958

Title: SD () Delete Title: SD (X) Change () Addition Name: LEE, CLARA R Name: LEE, ROBERT E

 Name
 LEE, CLARA R
 Name
 LEE, ROBERT E

 Address:
 6666 110TH STREET
 6666 110TH STREET

 City-St-Zip:
 SEBASTIAN, FL 32958
 City-St-Zip: SEBASTIAN, FL 32958

Title: TD () Delete Title: () Change () Addition

 Name:
 LEE, THERESA A
 Name:

 Address:
 6666 110TH STREET
 Address:

 City-St-Zip:
 SEBASTIAN, FL 32958
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLARAROSE LEE PD 05/26/2004