


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2005 NOV -3 PM 4: 58


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N03000005952</b> 1. Entity Name <b>EAST GATE VILLAS CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business 6666 110TH STREET SEBASTIAN, FL 32958	Mailing Address 6666 110TH STREET SEBASTIAN, FL 32958
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2. Principal Place of Business <b>2001 9th Ave.</b> Suite, Apt. #, etc. <b>308</b>	3. Mailing Address <b>2001 9th Ave</b> Suite, Apt. #, etc. <b>308</b>
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City & State <b>Vero Beach FL</b>	City & State <b>Vero Beach</b>		
Zip <b>32960</b>	Country <b>USA</b>	Zip <b>32960</b>	Country <b>USA</b>



REINSTATEMENT

C# 20037 (10/03)

6. Name and Address of Current Registered Agent  <b>BLOCK, SAMUELA</b> <b>979 BEACHLAND BOULEVARD</b> <b>VERO BEACH, FL 32963</b>	7. Name and Address of New Registered Agent Name <i>William M. Lee</i> <b>Keystone Property Management Group, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2001 9th Ave</b> Suite 209 City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32960</b>
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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: *William M. Lee* DATE: **8-30-05**

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

<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, CLARAROSE <input checked="" type="checkbox"/> Delete 6666 110TH STREET SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, ROBERT E <input checked="" type="checkbox"/> Delete 6666 110TH STREET SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, THERESA A <input checked="" type="checkbox"/> Delete 6666 110TH STREET SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Anderson 518 13th Pl. Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert E Lee 525 13th Place Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Toedtman 113 Bay King Ridge N. J. 07920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800060364718 10/07/05--01057--006 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800060364718 11/03/05--01042--009 **175.00

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: William Anderson Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR