


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90052 012 ****61.25

DOCUMENT # N05951	
1. Entity Name THE VILLAS AT THE GATE TWO CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 7100 W. COMMERCIAL BLVD., #107 FORT LAUDERDALE, FL 33319 US	Mailing Address 7100 W. COMMERCIAL BLVD., #107 SUITE 107 FORT LAUDERDALE, FL 33319 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02092007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2555253	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMBASSADOR COMMUNITY MANAGEMENT, INC. 7100 W. COMMERCIAL BLVD., #107 FORT LAUDERDALE, FL 33319	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 _____ DATE _____

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBA, ROSEMARY	NAME	
STREET ADDRESS	5356 GATE LAKE ROAD	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33319	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURFEE, MICHAEL	NAME	
STREET ADDRESS	5401 GATE LAKE ROAD	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33319	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MERCEDES	NAME	
STREET ADDRESS	5407 GATE LAKE ROAD	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33319	CITY-ST-ZIP	
TITLE	DD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILKS, JOSEPH	NAME	
STREET ADDRESS	5409 GATE LAKE ROAD	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33319	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Rosemary Alba 2-23-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #