## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N06056

1. Entity Name
THE VILLAS AT THE GATE THREE CONDOMINIUM



**FILED** Mar 31, 2006 8:00 am Secretary of State 03-31-2006 90014 026 \*\*\*\*61.25

	ATION, INC.								
Principal Place of Business 7100 W COMMERCIAL BLVD. 107 FORT LAUDERDALE, FL 33319		Mailing Address 7100 WEST COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319			#   <b>                                   </b>	IZIIO BIIIK BBIRI SE	ala arei airil didia d	HAN DISK BISK DI	ETITOLOGI OLI ADDR
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01132006	Chg-NP	CR2E	037 (11/05)	
City & State		City & State			4. FEI Number 59-2555			<del></del>	pplied For ot Applicable
Žip	Country	Zip	Country		5. Certificate of	of Status Desir	ed 🗆	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of N	ew Registered	Agent	
AMRASSA	DOD COMMUNITY MANAGE	MENT	Name						
AMBASSADOR COMMUNITY MANAGEN 7100W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 333-19?•		A:FIA I			s (P.O. Box Number is Not Acceptable)				
								•	
			City			<del>-</del>	FI	<b>—</b> [	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	registered office of	r registered	agent, or both	n, in the State	of Florida. I an	n familiar with	, and accept
		~							
SIGNATURE	Signature, typed or printed name of registered agent	and add if a silicable (AMATE			<u></u>				
	Signature, typed or printed rearie or registered agent	and the diappicable. (NOTE:	Registered Agent signa	TUTB TBQUITBQ WIT	nen reinstating)	<del></del>	DATE		
	Filing Fee is \$61.25	9 Flection Cam	9. Election Campaign Financing Trust Fund Contribution.			1			
	Due by May 1, 2006	Trust Fund Co	ontribution.		5.00 May Be dded to Fees		Make chec Florida Depa	ck payable t artment of S	
10.		Trust Fund Co	ontribution.	⊔ A			Florida Depa	rtment of S	tate
TITLE	OFFICERS AND DIE	Trust Fund Co	ontribution.	⊔ A	dded to Fees		Florida Depa	rtment of S	tate
TITLE NAME	OFFICERS AND DIE STD ZDZIEBA, DAVID	Trust Fund Co	11. TITLE NAME	AD AD	dded to Fees		Florida Depa	IRECTORS IN	N 10
TITLE NAME STREET ADDRESS	OFFICERS AND DIE STD ZDZIEBA, DAVID 5497 GATE LAKE ROAD	Trust Fund Co	11. TITLE NAME STREET ADDRESS	AD AD	dded to Fees		Florida Depa	IRECTORS IN	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE STD ZDZIEBA, DAVID 5497 GATE LAKE ROAD TAMARAC, FL 33319	Trust Fund Co	Ontribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	A DO	dded to Fees		Florida Depa	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS	OFFICERS AND DIE STD ZDZIEBA, DAVID 5497 GATE LAKE ROAD	Trust Fund Co	11. TITLE NAME STREET ADDRESS	AD A	DITIONS/CHA	NGES TO OF	Florida Depa	IRECTORS IN	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIE STD ZDZIEBA, DAVID 5497 GATE LAKE ROAD TAMARAC, FL 33319 PD	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	AD AD TD Gordon	DITIONS/CHA	NGES TO OF	Florida Depa	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIE STD ZDZIEBA, DAVID 5497 GATE LAKE ROAD TAMARAC, FL 33319 PD ROSE, BERNARD	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	TD Gordon 5487	dded to Fees	NGES TO OF	Florida Depa	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006  OFFICERS AND DIE  STD  ZDZIEBA, DAVID  5497 GATE LAKE ROAD  TAMARAC, FL 33319  PD  ROSE, BERNARD  5474 GATELAKE RD  TAMARAC, FL	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	TD Gordon 5487 Tama	DONOVA 60te Lake	NGES TO OF	Florida Depa	DIRECTORS IN Change	N 10 Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Hm

Daytime Phone #