

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19109** (0)

1. Corporation Name

EASTGATE AT THREE OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PO BOX 1343
ESTERO FL 33928**

**PO BOX 1343
ESTERO FL 33928**



3. Date Incorporated or Qualified
02/05/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIVERA, MIGUEL
9320 MORRING CIRCLE SE
FT MYERS FL 33912**

81 Name

Brian D. Connors

82 Street Address (P.O. Box Number is Not Acceptable)

18492 Eastshore Dr

83

84 City

Fort Myers

FL

85 Zip Code

33912

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Brian D. Connors
Signature, typed or printed name of registered agent and the if applicable

Brian D. Connors, President
(NOTE: Registered Agent signature required when reinstating)

June 23, 1996
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
RIVERA, MIGUEL
9320 MORRING CIRCLE SE
FT MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CRANE, CLINTON G
9305 MORRING CIRCLE
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MORGANNA, BETH
9303 SAN CARLOS BLVD
FT MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SIERRA, CARLOS
28494 SANDY COVE DRIVE
FT MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
WILSON, JOHN
9303 MORRING CIRCLE SE
FT MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CONNORS, BRIAN D
18492 EASTSHORE DRIVE
FT. MYERS FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D = Director

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**Thomas D = Director
Thomas J. Smith
18521 Sandy Cove Drive
FT MYERS FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
**VD
Paul Lave
18487 Eastshore Dr
FT MYERS FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
PD = President

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian D. Connors* *Brian D. Connors* *June 23, 1996* *(941) 338-1596*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)