



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90267 011 ****61.25

DOCUMENT # N95000001386			
1. Entity Name VILLAGE GATE AT PLANTATION HOMEOWNERS ASSOCIATION, INC.		Principal Place of Business 4780 N ST RD 7 STE E250 LAUDERDALE LAKES, FL 33319	
Mailing Address 4780 N ST RD 7 STE E250 LAUDERDALE LAKES, FL 33319		2. Principal Place of Business	
Suite, Apt. #, etc.		3. Mailing Address	
City & State		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0637147		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHOENIX MGMT. SVCS. 4780 N. STATE RD. 7 SUITE E250 LAUDERDALE LAKES, FL 33319		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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, 2005		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEGELBAUM, KEVIN <input type="checkbox"/> Delete 10667 NW 1ST ST PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARETTO-TWIST, DESIREE <input type="checkbox"/> Delete 10670 NW 1ST STREET PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice president Baretto-twist, Desiree <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10670 NW 1st street PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CINTGN, STEVEN <input checked="" type="checkbox"/> Delete 10727 NW 1ST STREET PLANTATION, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kambhampati, GOPAL 10720 NW 1st street Plantation, Florida 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFEN, MIKE <input type="checkbox"/> Delete 10677 NW 1 ST. PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, KIMBERLY <input checked="" type="checkbox"/> Delete 10722 NW 13TH CT FORT LAUDERDALE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary CHALWICK, SHAWN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 NW 106th Avenue Plantation, Fl 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Kevin B. Siegelbaum 01/25/05 754-471-1942	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



754-322-4900
 Ex. 3038