


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

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90083 023 \*\*\*\*61.25

<b>DOCUMENT # N95000001386</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0637147	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent PHOENIZ 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		
			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 <u>Tood Shurack, TOOD SHURACK, COMMUNITY ASSOCIATION MANAGER, 2/1/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGELBAUM, KEVIN		NAME	Siegelbaum, Kevin	
STREET ADDRESS	10667 NW 1ST ST		STREET ADDRESS	10667 NW 1st Street	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, Florida 33324	
TITLE	V	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARETTO-TWIST, DESIREE		NAME	Baretto-Twist, Desiree	
STREET ADDRESS	10670 NW 1ST STREET		STREET ADDRESS	10670 NW 1st Street	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, Florida 33324	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMBHAMPAT, GOPAL		NAME	TROPP, ROBERT	
STREET ADDRESS	10727 NW 1ST STREET		STREET ADDRESS	143 NW 107th Terrace	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, Florida 33324	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFEN, MIKE		NAME	SAFIN, MIKE	
STREET ADDRESS	10677 NW 1 ST.		STREET ADDRESS	10677 NW 1st Street	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, Florida 33324	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHALNICK, SHAWN		NAME	To Ann Calabrese	
STREET ADDRESS	100 NW 106TH AVENUE		STREET ADDRESS	10640 NW 1st Street	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, Florida 33324	
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 registered 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: <u>[Signature]</u>		DESIREE TWIST		2/1/06 954-382-1080	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	