


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-26:2007 90049022 ****61.25
 N95000001386
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 - No P.O. Box # 4800 North State Road 7		3. Mailing Address 4800 North State Road 7	
Suite, Apt. #, etc. 105		Suite, Apt. #, etc. 105	
City & State Lauderdale Lakes, FL		City & State Lauderdale Lakes, FL	
Zip 33319	Country USA	Zip 33319	Country USA
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 4800 North State Road 7 105 Lauderdale Lakes FL	
		Zip Code 33319	
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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGELBAUM, KEVIN 10667 NW 1ST ST PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARETTO-TWIST, DESIREE 10670 NW 1ST STREET PLANTATION, FL 33324	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TROPP, ROBERT 143 NW 107 TERR. PLANTATION, FL 33324	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFEN, MIKE 10877 NW 1 ST. PLANTATION, FL 33324	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALABRESE, JOANN 10640 NW 1ST ST PLANTATION, FL 33324	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 to this address, with all other like empowered.			
SIGNATURE:		DATE	
DESIREE BARETTO-TWIST		2-26-07 954-380-1080	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date	

40023400



01042007 Chg-NP CR2E037 (12/08)

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B 3/12/07

Per conversation with Mr. Todd Shurack on 3-12-07 change