


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90034 016 ****61.25

DOCUMENT # N95000001386					
1. Entity Name VILLAGE GATE AT PLANTATION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4800 NORTH STATE ROAD 7 STE 105 LAUDERDALE LAKES, FL 33319 US			Mailing Address 4800 NORTH STATE ROAD 7 STE 105 LAUDERDALE LAKES, FL 33319 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0637147	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PHOENIZ MGMT. SVCS. 4800 NORTH STATE ROAD 7 STE 105 LAUDERDALE LAKES, FL 33319				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VP	<input checked="" type="checkbox"/> Delete		TITLE	P
NAME	CALABRESE, JOANN			NAME	CALABRESE, JOANN
STREET ADDRESS	10640 NW 1ST ST			STREET ADDRESS	10640 NW 1ST STREET
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	VP
NAME	BARETTO-TWIST, DESIREE			NAME	
STREET ADDRESS	10670 NW 1ST STREET			STREET ADDRESS	10670 NW 1 STREET
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	T	<input type="checkbox"/> Delete		TITLE	
NAME	TROPP, ROBERT			NAME	
STREET ADDRESS	143 NW 107 TERR.			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D
NAME	SAFEN, MIKE			NAME	SAFRIN, MIKE
STREET ADDRESS	10677 NW 1 ST.			STREET ADDRESS	10677 NW 1 STREET
CITY-ST-ZIP	PLANTATION, FL 33324			CITY-ST-ZIP	PLANTATION, FL 33324
TITLE		<input type="checkbox"/> Delete		TITLE	D
NAME				NAME	MCPHEE, ROBERT
STREET ADDRESS				STREET ADDRESS	141 NW 106 AVENUE
CITY-ST-ZIP				CITY-ST-ZIP	PLANTATION, FL 33324
TITLE		<input type="checkbox"/> Delete		TITLE	
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 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: <u>Joann Calabrese</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	

