

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# N95000001386

Entity Name: VILLAGE GATE AT PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4800 NORTH STATE ROAD 7
STE 105
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4800 NORTH STATE ROAD 7
STE 105
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: 65-0637147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHOENIZ MGMT. SVCS.
4800 NORTH STATE ROAD 7
STE 105
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALABRESE, JOANN
Address: 10640 NW 1ST ST
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: BARETTO-TWIST, DESIREE
Address: 10670 NW 1 ST
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: T () Delete
Name: TROPP, ROBERT
Address: 143 NW 107 TERR.
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: SAFRIN, MIKE
Address: 10677 NW 1 ST.
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Delete
Name: MCPHEE, ROBERT
Address: 141 NW 106 AVE
City-St-Zip: FORT LAUDERDALE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MCPHEE, ROBERT
Address: 141 NORTHWEST 106TH AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN CALABRESE

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date