

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90524 050 \*\*\*150.00

**DOCUMENT # P99000099985**

1. Entity Name  
**NASHVILLE EASTGATE PHASE II ASSOCIATES, INC.**



Principal Place of Business  
**300 SE 2ND ST  
FORT LAUDERDALE, FL 33301**

Mailing Address  
**300 SE 2ND ST  
FORT LAUDERDALE, FL 33301**

**50045701**



01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0961431**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, PATRICIA  
C/O STILES CORP.  
300 SE 2ND ST  
FORT LAUDERDALE, FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME STILES, TERRY W  
STREET ADDRESS 300 SE 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☐ Delete  
NAME EAGON, DOUGLAS P  
STREET ADDRESS 300 SE 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME JONES, PATRICIA  
STREET ADDRESS 300 SE 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME PALMER, STEPHEN R  
STREET ADDRESS 300 SE 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE Asst. S ☐ Change ☒ Addition  
NAME Donna Florek  
STREET ADDRESS 300 SE 2nd St.  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE V ☐ Delete  
NAME STINE, JAMES W  
STREET ADDRESS 300 SE 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME FERRERA, ROCCO  
STREET ADDRESS 300 SE 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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: *Terry W Stiles* **Terry W Stiles**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/05*  
Date

*954-627-9300*  
Daytime Phone #

ATTACHMENT

ST045701  
# P99000099985  
UNIFORM BUSINESS REPORT

10. CONTINUED

TITLE: V  
NAME: O'SHEA, DENNIS F.  
STREET ADDRESS: 300 SE 2<sup>nd</sup> St.  
CITY-ST-ZIP: Ft. Lauderdale, FL 33301