

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90203 028 ****61.25

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DOCUMENT # 722397

1. Corporation Name

**SOUTH GATE VILLAGE GREEN CONDOMINIUM SECTION ELE
VEN ASSOCIATION, INC.**

Principal Place of Business

3418 MEDFORD LN
SARASOTA FL 34239
US

Mailing Address

3418 MEDFORD LN
SARASOTA FL 34239
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

01/05/1972

4. FEI Number

59-1399423

Applied For.

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MESSINA, JENNY
3418 MEDFORD LN
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **RIEDL, MARJORIE**
CITY-ST-ZIP **3140 VIALLAG GREEN DRIVE**
SARASOTA FL

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **MESSINA, JENNY**
CITY-ST-ZIP **3418 MEDFORD LANE**
SARASOTA FL

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **COATES, DORIS**
CITY-ST-ZIP **3164 VILLAGE GREEN DR.**
SARASOTA FL

TITLE ☒ DELETE

NAME **VPD**
STREET ADDRESS **VAN DUZER, WILLIAM**
CITY-ST-ZIP **3544 MEDFOR LANE**
SARASOTA FL

TITLE ☐ DELETE

NAME **VPD**
STREET ADDRESS **SCHWARZ, WILLIAM**
CITY-ST-ZIP **3560 MEDFORD LN**
SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **VPD**
1.3 STREET ADDRESS **LUDKE, SHIRLEY**
1.4 CITY-ST-ZIP **3504 Medford Lane**
SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jenny Messina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 6, 1999

CR2E037 (11/98)