## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

746753

(3)

DOCUMENT # CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SEC TION THREE, INC.

CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SECTION THREE, INC.										
cipal Place of 6	Business	Mai	ling Address							
39 CENTER GA			39 CENTER GATE LN.							
SARASOTA FL 34233-8631 US			SARASOTA FL 34233-8631 US			A D L L L L L L L L L L L L L L L L L L	3a Do	te of Last I	Report	
,		•					3. Date Incorporated or Qualified 04/16/1979	<b>3</b> a. 08	te of Last [ 04/26/19	95
	4 D	2a.	Maiting Address				4. FEI Number 59-1995020 59-19		<b>⊢</b>	opplied For
rincipal Place of Business		26	F 1			<del>59 1995020</del> 59-19	55626		lot Applicable	
Suite, Apt. #, etc.  City & State  Zip Country			Suite, Apt. #, etc. 27 City & State 28 Zip Coun'y				5. Certificate of Status Desired Fee Required			
		27				6. Flection Campaign Financing \$5.00 May Be				
		28					Trust Fund Contribution Added to Fees			
		1291					8. This corporation has liability for intangible tax under s. 199.032,			199.032,
	25	29		30			Florida Statutes  10. Name and Address of New R			
	9. Name and Address of Curren	t Regis	tered Agent		81	Name	10. Name and Ass. Co. 5.	<u> </u>		
					82		ess (P.O. Box Number is Not Acceptat	lo)		
VOLK, ROBERT 4205 CENTER GATE LANE SARASOTA FL 34233						Street Addi	ess (P.O. Box Number is Not Acceptate			
					83					
SAMASOTI	N   L 04200				84	City		FL	<b>85</b> Z	p Code
							ration submits this statement for the pured of directors. I hereby accept the app		anging its	reaistered of
	d agent, or both, in the state of Fion and accept the obligations of Sac Color of S	lad Der	Robert Voll	k Pr		dent	d when reinstating)  ACIDITIONS/OF IANGES TO OF	DATE		JAS IN 12
!	OFFICERS AN	ID DIRE	TDELETE		TITLE				Change	
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			Therete		62 NAI					
CITY-ST-ZIP						REET ADDRESS				
DITY-ST-ZIP TITLE NAME					63511	ILLI REMICOS I				
DITY-ST-ZIP TITLE NAME STREET ADDRESS				-		h			Fig. 23 - 64	history I di mala
certify tha	If the information indicated on the a	rooratio	or the receiver or tru	furnished annual repustee emp	64 CIT	y-st-zip does not qualif	y for the exemption stated in Section 1 Irate and that my signature shall have I this report as required by Chapter 617	19.07(3)(k), he same le Florida Sta	Florida Sta gal effect a atutes; and	atutes. I furthers if made un- that my nam
DITY-ST-ZAP  ITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I do heret certify tha	by certify that the information supplie at the information indicated on this a I am an officer or director of the co n Block 12 or Block 13 if changed,	rooratio	or the receiver or tru	furnished annual repustee emp	64 CIT	y-st-zip does not qualif	y for the exemption stated in Section 1 rrate and that my signature shall have t this report as required by Chapter 617	19.07(3)(k), he same le Florida Sta	Florida Sta gal effect a atutes; and	atutes, I furth is if made un that my nam