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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746753** (3)

1. Corporation Name

CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SECTION THREE, INC.

Principal Place of Business

**4239 CENTER GATE LN
SARASOTA FL 34233-0631
US**

Mailing Address

**4239 CENTER GATE LN.
SARASOTA FL 34233-1631
US**

3. Date Incorporated or Qualified
04/16/1979

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 4215 Center Gate Lane
Suite, Apt. #, etc.

2a. Mailing Address

26 4215 Center Gate Lane
Suite, Apt. #, etc.

4. FEI Number
59-1955626

Applied For
Not Applicable

22 City & State

23 Sarasota, FL

27 City & State

28 Sarasota, FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip

34233

Country

US

29 Zip

34233

Country

US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**VOLK, ROBERT
4205 CENTER GATE LANE
SARASOTA FL 34233**

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

Robert Volk

Robert Volk

April 24, 1997

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VOLK, ROBERT	
STREET ADDRESS	4205 CENTER GATE LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PARKS, RUTHE	
STREET ADDRESS	4220 CENTER POINTE LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GUTH, NANCE L	
STREET ADDRESS	4239 CENTER GATE LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, KENNETH	
STREET ADDRESS	4215 CENTER GATE LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	HAMILTON, KENNETH
3.4 CITY-ST-ZIP	4215 CENTER GATE LANE SARASOTA, FL 34233
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	WESTON, JOHN
4.4 CITY-ST-ZIP	4216 CENTER POINTE LANE SARASOTA, FL 34233
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Robert Volk

Robert Volk, President

April 24, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (941) 377-7564 Phone # 0083083

CR2E037 (9/96)