


FILE NOW: FILING FEE IS \$61.25

FILED
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
--	---	--

DOCUMENT # **746753** (3)
1. Corporation Name
CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SECTION THREE, INC.



Principal Place of Business 4239 CENTER GATE LN SARASOTA FL 34233-8631 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
---	---------------------------------------

21. Principal Place of Business 4215 Center Gate Lane Suite, Apt. #, etc.	2a. Mailing Address 4215 Center Gate Lane Suite, Apt. #, etc.
22. City & State Sarasota, FL	27. City & State Sarasota, FL
23. Zip 34233	28. Zip 34233
24. Country US	29. Country US

4. FEI Number 59-1955626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	VOLK, ROBERT	
STREET ADDRESS	4205 CENTER GATE LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/>
NAME	PARKS, RUTHE	
STREET ADDRESS	4220 CENTER POINTE LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	GUTH, NANCE L	
STREET ADDRESS	4239 CENTER GATE LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	HAMILTON, KENNETH	
STREET ADDRESS	4215 CENTER GATE LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	HAMILTON, KENNETH		
3.3 STREET ADDRESS	4215 CENTER GATE LANE		
3.4 CITY-ST-ZIP	SARASOTA, FL 34233		
4.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	WESTON, JOHN		
4.3 STREET ADDRESS	4216 CENTER POINTE LANE		
4.4 CITY-ST-ZIP	SARASOTA, FL 34233		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 # 0063083

CR2E037 (9/96)