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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 746753

1. Corporation Name

CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SECTION THREE, INC.

Principal Place of Business

4215 CENTER GATE LANE
SARASOTA FL 34233
US

Mailing Address

4215 CENTER GATE LANE
SARASOTA FL 34233
US



2. Principal Place of Business

21 4205 Center Gate Ln

2a. Mailing Address

26 4205 Center Gate Ln

3. Date Incorporated or Qualified

04/16/1979

Suite, Apt. #, etc.

22 Sarasota, FL

Suite, Apt. #, etc.

27 Sarasota, FL

4. FEI Number
59-1955626

Applied For
Not Applicable

23 34233

28 34233

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country
25 USA

29 Zip Country
30 USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 President

Robert Volk

2-28-99

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	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 type="checkbox"/> DELETE
NAME	HAMILTON, KENNETH	
STREET ADDRESS	4215 CENTER GATE LN	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WESTON, JOHN	
STREET ADDRESS	4216 CENTER POINTE LN	
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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:

Robert Volk Robert Volk, Pres. 2-28-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)