

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746753

1. Entity Name

CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SEC

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90084 015 ****61.25

Principal Place of Business

Mailing Address

4205 CENTER GATE LN
 SARASOTA FL 34233
 US

4205 CENTER GATE LN
 SARASOTA FL 34233-1631
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1955626

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLK, ROBERT
4205 CENTER GATE LANE
SARASOTA FL 34233

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD VOLK, ROBERT**
 STREET ADDRESS **4205 CENTER GATE LANE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS PARKS, RUTHE**
 STREET ADDRESS **4220 CENTER POINTE LANE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD HAMILTON, KENNETH**
 STREET ADDRESS **4215 CENTER GATE LN**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD WESTON, JOHN**
 STREET ADDRESS **4216 CENTER POINTE LN**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X SIGNATURE REQUIRED**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2000 **941-377-7364**
 Date Daytime Phone #

CR2E037 (9/99)