


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90052 015 \*\*\*\*61.25

**DOCUMENT # 746753**

1. Entity Name  
**CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SECTION THREE, INC.**



Principal Place of Business      Mailing Address

**4205 CENTER GATE LN  
 SARASOTA, FL 34233 US**      **4205 CENTER GATE LN  
 SARASOTA, FL 34233 US**

**DO NOT WRITE IN THIS SPACE**



01272006 No Chg-NP      CR2E037 (11/05)

4. FCI Number  
**59-1955626**

Applied For  
 Not Applied

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert Volk      Robert Volk      2/1/2006

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PTD VOLK, ROBERT 4205 CENTER GATE LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	DS DENESE, GLORIA 4221 CENTER GATE LN. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY ST ZIP	D CARRIERO, NORA 4209 CENTER GATE LN. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY ST ZIP	VD LEWANDOWSKI, DANIEL 4223 CENTER GATE LANE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY ST ZIP	D VIARENGO, STELLA 4239 CENTER GATE LANE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a other like empowered.

SIGNATURE: Robert Volk      Robert Volk      2/1/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR