

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90114 007 ****61.25

DOCUMENT # 746753

1. Entity Name

CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SECTION THREE, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1955626**

Applied For

Not Applicable

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	VOLK, ROBERT	4205 CENTER GATE LANE SARASOTA FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DS	VIARENGO, STELLA	4239 CENTER GATE LN SARASOTA FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	TD	HAMILTON, KENNETH	4215 CENTER GATE LN SARASOTA FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VD	PAM, SWANDOWSKI	4223 CENTER GATE LANE SARASOTA FL 34233	<input type="checkbox"/> Delete		VD	LEWANDOWSKI, Daniel	4223 CENTER GATE LANE SARASOTA, FL. 34233	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

941 377-7364

CR2E037 (10/02)