

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770236 (8)

1. Corporation Name  
**SOUTH GATE VILLAGE GREEN CONDOMINIUM, SECTION NI NE ASSOCIATION, INC.**



Principal Place of Business: 2100 CONSTITUTION BLVD SARASOTA FL 34231  
Mailing Address: 2100 CONSTITUTION BLVD SARASOTA FL 34231

3. Date Incorporated or Qualified: 09/14/1983  
3a. Date of Last Report: 04/21/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1352317	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				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				10. Name and Address of New Registered Agent			
ARGUS PROPERTY MANAGEMENT, INC. 2100 CONSTITUTION BLVD SUITE 107 SARASOTA FL 34231				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENZ, BERNARD		1.2 NAME		
STREET ADDRESS	3224 DARTMOUTH LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLOMON, JOE		2.2 NAME	BRADLEY, ELLIE	
STREET ADDRESS	3227 SOUTHFIELD LANE		2.3 STREET ADDRESS	3273 SOUTHFIELD LA.	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLO, HANS		3.2 NAME		
STREET ADDRESS	3204 DARTMOUTH LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLOREN, JEROME		4.2 NAME		
STREET ADDRESS	3207 SOUTHFIELD LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAREK, BEN		5.2 NAME		
STREET ADDRESS	3270 DARTMOUTH LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMERLING, WALTER		6.2 NAME	ASARCH, LARRY	
STREET ADDRESS	P.O. BOX 25065 NA		6.3 STREET ADDRESS	POB 25065	
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	SARASOTA FL 34277-2065	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: LARRY V ASARCH Date: 3-4-96 Daytime Phone #: 941 951 4034

CR2E037 (12/95)