


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90054 007 ****61.25

03-05-1999

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 770236					
1. Corporation Name SOUTH GATE VILLAGE GREEN CONDOMINIUM, SECTION NINE ASSOCIATION, INC.					
Principal Place of Business 2100 CONSTITUTION BLVD SARASOTA FL 34231			Mailing Address 2100 CONSTITUTION BLVD SARASOTA FL 34231		

1 7 3 5 2 0 - 9 0 0 5 4 - 7



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/14/1983	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1352317	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	

9. Name and Address of Current Registered Agent ARGUS PROPERTY MANAGEMENT, INC. 2100 CONSTITUTION BLVD SUITE 110 SARASOTA FL 34231				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE VD				1.1 TITLE DP			
NAME SOLOMON, SHIRLEY				1.2 NAME			
STREET ADDRESS 3227 SOUTHFIELD LANE				1.3 STREET ADDRESS			
CITY-ST-ZIP SARASOTA FL				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D				2.1 TITLE			
NAME RENZ, BERNARD				2.2 NAME			
STREET ADDRESS 3224 DANTMOUTH LANE				2.3 STREET ADDRESS			
CITY-ST-ZIP SARASOTA FL 34239				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE TD				3.1 TITLE			
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			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE SD				4.1 TITLE SD			
NAME KILLOREN, JEROME				4.2 NAME ADAMS, MARY			
STREET ADDRESS 3207 SOUTHFIELD LANE				4.3 STREET ADDRESS 3320 WESTERN LN			
CITY-ST-ZIP SARASOTA FL				4.4 CITY-ST-ZIP SARASOTA, FL 34235			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE PD				5.1 TITLE VD			
NAME MAREK, BEN				5.2 NAME SICIGNANO, ROBT.			
STREET ADDRESS 3270 DARTMOUTH LANE				5.3 STREET ADDRESS 3234 DARTMOUTH LN			
CITY-ST-ZIP SARASOTA, FL 34239				5.4 CITY-ST-ZIP SARASOTA, FL 34239			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE				6.2 NAME			
6.3 STREET ADDRESS				6.4 CITY-ST-ZIP			

IRY
65 N/A

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 on this 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in the report, or on an attachment with an address, with all other like empowered.

SIGNATURE OF REGISTERED AGENT
LEANNY R. ABRAHAM

2-23-99 **941 927 6464**

CR2E037 (11/98)