


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-04-2008 90017 018 ****61.25

DOCUMENT # 770236 1. Entity Name					
SOUTH GATE VILLAGE GREEN CONDOMINIUM, SECTION NINE ASSOCIATION, INC.					
Principal Place of Business 2477 STICKENY POINT RD. #118A SARASOTA FL 34231			Mailing Address 2477 STICKENY POINT RD. #118A SARASOTA FL 34231		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1352317	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GIFFORD, DEB 2477 STICKENY POINT RD. #118A SARASOTA FL 34231			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: For shared Agent signatories, use last name only.)</small>					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANS, BELL O		NAME	El Kelly	
STREET ADDRESS	3204 DART MOUTH LANE		STREET ADDRESS	3330 Westerly Ln	
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	SARASOTA, FL 34259	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITSKEY, GABRIELLA		NAME	Cornie Rertmyer	
STREET ADDRESS	3273 S FIELD		STREET ADDRESS	3300 Westerly Ln	
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	SARASOTA, FL 34257	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, SUE		NAME	Elaine Robbins	
STREET ADDRESS	3214 DANTMOUTH LANE		STREET ADDRESS	3281 Southfield Ln	
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUGAN, DORIS		NAME	Arjun Bhatia	
STREET ADDRESS	3251 S FIELD		STREET ADDRESS	3257 Southfield Ln	
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIFFORD, DEB		NAME	Tim Tally	
STREET ADDRESS	2477 STICKNEY PT. RD.		STREET ADDRESS	3265 Southfield Ln	
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, SHIRLEY		NAME		
STREET ADDRESS	3227 S FIELD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.					
SIGNATURE: <u>M. Elaine Robbins</u>		Secretary		3/2/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Title		Date/Time/Phone #	