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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:05

DOCUMENT # **N26925 (0)**
1. Corporation Name
SOUTH GATE COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
***HELEN MONTGOMERY** ***HELEN MONTGOMERY**
3145 SOUTH GATE CIRCLE **3145 SOUTH GATE CIRCLE**
SARASOTA FL 34239 **SARASOTA FL 34239**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1988	3a. Date of Last Report 04/29/1994
4. FEI Number 68-0608951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent MONTGOMERY, HELEN 3145 SOUTH GATE CIRCLE SARASOTA FL 34239	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when terminating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCZKOWSKI, GENIE 2724 WISTERIA PLACE SARASOTA FL 34239	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Board of Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dave Krisher 3015 Tangelo Dr. Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERGUSON, MADGE 3145 SOUTH GATE CIRCLE SARASOTA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Board of Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joyce Walker 2717 Grove St. Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERNAN, CHRIS 2501 SUNNYSIDE STREET SARASOTA FL 34239	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Board of Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kermit Graves 2903 Webber St. Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, JAMES 3304 TANGLEWOOD DR. SARASOTA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TISHMAN, MABK 2311 SIESTA DRIVE SARASOTA FL 34239	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MENZEL, WALT 3145 S GATE CIR SARASOTA FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 this 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 of changed, or on an appointment with an address.

SIGNATURE: *Madge K. Ferguson, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR