


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N26925** (0)

1. Corporation Name
SOUTH GATE COMMUNITY ASSOCIATION, INC.



Principal Place of Business	Mailing Address
HELEN MONTGOMERY X Christopher 3145 SOUTH GATE CIRCLE Kernan SARASOTA FL 34239	Same 3145 SOUTH GATE CIRCLE SARASOTA FL 34239

3. Date Incorporated or Qualified **06/13/1988** 3a. Date of Last Report **02/22/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 68-0608951	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Country	29. Country		
30. Zip	30. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~Dawn Stewart
MONTGOMERY HELEN~~
3145 SOUTH GATE CIRCLE
SARASOTA FL 34239

81. Name	Christopher J. Kernan
82. Street Address (P.O. Box Number is Not Acceptable)	3145 South Gate Circle
83. City	Sarasota
84. State	FL
85. Zip Code	34239

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 617.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

Dawn Stewart
Christopher J. Kernan 3/2/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCZKOWSKI, GENIE	1.2 NAME	Christopher J. Kernan
STREET ADDRESS	2724 WISTERIA PLACE	1.3 STREET ADDRESS	2501 Sunnyside St.
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	X D <input type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, MADGE	2.2 NAME	Glenn Wade
STREET ADDRESS	3145 SOUTH GATE CIRCLE	2.3 STREET ADDRESS	3531 Mineola Dr.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERNAN, CHRIS	3.2 NAME	Dawn Stewart
STREET ADDRESS	2501 SUNNYSIDE STREET	3.3 STREET ADDRESS	2873 Pinecrest Way
CITY-ST-ZIP	SARASOTA FL 34239	3.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, JAMES	4.2 NAME	Dave Swenson
STREET ADDRESS	3304 TANGLEWOOD DR.	4.3 STREET ADDRESS	2722 Grove St.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISHER, DAVE	5.2 NAME	
STREET ADDRESS	3015 TANGELO DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENZEL, WALT	6.2 NAME	
STREET ADDRESS	3145 S GATE CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

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:

Christopher J. Kernan, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

952-1700

Daytime Phone #

CR2E037 (12/95)