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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N26925 (0)

1. Corporation Name
SOUTH GATE COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
CHRISTOPHER KERNAN 3145 SOUTH GATE CIRCLE SARASOTA FL 34239
CHRISTOPHER KERNAN 3145 SOUTH GATE CIRCLE SARASOTA FL 34239

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 06/13/1988 | 3a. Date of Last Report 03/26/1996 |
| 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 | 30 |

9. Name and Address of Current Registered Agent
KERNAN, CHRISTOPHER
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BUCZKOWSKI, GENIE |
| STREET ADDRESS | 2724 WISTERIA PLACE |
| CITY-ST-ZIP | SARASOTA FL 34239 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | FERGUSON, MADGE |
| STREET ADDRESS | 3145 SOUTH GATE CIRCLE |
| CITY-ST-ZIP | SARASOTA FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | KERNAN, CHRIS |
| STREET ADDRESS | 2501 SUNNYSIDE STREET |
| CITY-ST-ZIP | SARASOTA FL 34239 |
| TITLE | DP <input type="checkbox"/> DELETE |
| NAME | KERNAN, CHRISTOPHER |
| STREET ADDRESS | 2501 SUNNYSIDE ST |
| CITY-ST-ZIP | SARASOTA FL 34239 |
| TITLE | DV <input type="checkbox"/> DELETE |
| NAME | WADE, GLENN |
| STREET ADDRESS | 3531 MINEOLA DR |
| CITY-ST-ZIP | SARASOTA FL 34239 |
| TITLE | DT <input type="checkbox"/> DELETE |
| NAME | MENZEL, WALT |
| STREET ADDRESS | 3145 S GATE CIR |
| CITY-ST-ZIP | SARASOTA FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the 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 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: WALT MENZEL 2/12/97 (941) 923-1831

CR2E037 (9/96)