

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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	

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

3. Date Incorporated or Qualified	06/13/1988
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. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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. City	
84. State	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	D <i>Delete</i>	<i>ADD</i>
NAME	BUCZKOWSKI, GENIE	MARY ANN WOLF
STREET ADDRESS	2724 WISTERIA PLACE	2404 POSTER LANE
CITY-ST-ZIP	SARASOTA FL 34239	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 <i>Delete</i>	<i>ADD</i>
NAME	KERNAN, CHRIS	BOB LUEDEKA
STREET ADDRESS	2501 SUNNYSIDE STREET	2400 TUTTLE TERRACE
CITY-ST-ZIP	SARASOTA FL 34239	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	DIRECTOR - VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CINDY HENSLEY	
1.3 STREET ADDRESS	2706 VALENCIA DR	
1.4 CITY-ST-ZIP	SARASOTA FL 34239	
2.1 TITLE	DIRECTOR - CORPORATE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAWN STEWART	
2.3 STREET ADDRESS	2873 PINECREST WAY	
2.4 CITY-ST-ZIP	SARASOTA, FL 34239	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOYCE WALKER	DAVID PESTR
3.3 STREET ADDRESS	2717 GROVE ST	2441 PARSON LANE
3.4 CITY-ST-ZIP	SARASOTA, FL 34239	SARASOTA, FL 34239
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MIKE VONAPRO	
4.3 STREET ADDRESS	2453 HIBISCUS ST.	
4.4 CITY-ST-ZIP	SARASOTA, FL 34239	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BILL WATSON	
5.3 STREET ADDRESS	3530 MINEOLA DR,	
5.4 CITY-ST-ZIP	SARASOTA, FL 34239	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BOB SHAY	
6.3 STREET ADDRESS	2604 BOUGAINVILLEA ST,	
6.4 CITY-ST-ZIP	SARASOTA, FL 34239	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Kernan* **REQUIRED** 1/15/98 (941) 955-4597

CR2E037 (10/97)