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**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90001 017 \*\*\*\*70.00

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

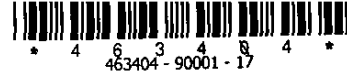


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N26925**

1. Corporation Name

**SOUTH GATE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

CHRISTOPHER KERNAN  
 3145 SOUTH GATE CIRCLE  
 SARASOTA FL 34239

Mailing Address

CHRISTOPHER KERNAN  
 3145 SOUTH GATE CIRCLE  
 SARASOTA FL 34239

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/13/1988

4. FEI Number

68-0608951

Applied For  
 Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution



**\$5.00** May Be  
 Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	WOLF, MARY ANN	2409 FOSTER LANE	SARASOTA FL 34239	<input checked="" type="checkbox"/>
D	FERGUSON, MADGE	3145 SOUTH GATE CIRCLE	SARASOTA FL	<input checked="" type="checkbox"/>
D	LUDEKA, BOB	2400 TUTTLE TERRACE	SARASOTA FL 34239	<input type="checkbox"/>
DP	KERNAN, CHRISTOPHER	2501 SUNNYSIDE ST	SARASOTA FL 34239	<input type="checkbox"/>
DV	WADE, GLENN	3531 MINEOLA DR	SARASOTA FL 34239	<input type="checkbox"/>
DT	MENZEL, WALT	3145 S GATE CIR	SARASOTA FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	DAWN STEWART	2873 PINECROST WAY	SARASOTA, FL 34239	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BOB SHAY	2604 BOUGAINVILLEA	SARASOTA, FL 34239	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CINDY HONSLBY	2706 VALONCA DR,	SARASOTA, FL 34239	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BILL WATSON	3530 MINEOLA DR,	SARASOTA, FL 34239	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	AL UMHOEFER	2824 TANGLO DR	SARASOTA, FL 34239	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	TRACY SCALZO	3302 SCHOOL AVE	SARASOTA, FL 34239	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE:

*Christopher Kernan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99  
 Date

(941) 955-4597  
 Daytime Phone #

CR2E037 (1/1/98)