

**2001 UNIFORM BUSINESS REPORT (UBR)**

3.

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90488 034 \*\*\*\*70.00

**DOCUMENT # N26925**

1. Entity 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

3. Mailing Address

*SOUTH GATE Comm. Assn*

*(SAME)*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*3145 SOUTH GATE Circle*

City & State  
*SARASOTA FL*

City & State

Zip  
*34239*

Country

Zip

Country

4. FEI Number

**68-0608951**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, DAWN  
 3873 PINECREST STREET  
 SARASOTA FL 34239

Name

*Patrick Tharp*

Street Address (P.O. Box Number is Not Acceptable)

City

*SARASOTA*

FL

Zip Code

*34239*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, DAWN	
STREET ADDRESS	2873 PINE CREST WAY	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAY, BOB	
STREET ADDRESS	2604 BOUGANVILLE	
CITY-ST-ZIP	SARASOTA FL 34239	<i>2nd Request to Delete</i>
TITLE	D	<input type="checkbox"/> Delete
NAME	LUEDEKA, BOB	
STREET ADDRESS	2400 TUTTLE TERRACE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	KERNAN, CHRISTOPHER	
STREET ADDRESS	2501 SUNNYSIDE ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WADE, GLENN	
STREET ADDRESS	3531 MINEOLA DR	
CITY-ST-ZIP	SARASOTA FL 34239	<i>2nd Request to Delete</i>
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MENZEL, WALT	
STREET ADDRESS	3145 S GATE CIR	
CITY-ST-ZIP	SARASOTA FL	<i>2nd Request to Delete</i>

TITLE	President	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick Tharp		
STREET ADDRESS	3001 Mineola Drive		
CITY-ST-ZIP	SARASOTA FL 34239		
TITLE	Vice President	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracy Scalzo		
STREET ADDRESS	3302 S. School Ave		
CITY-ST-ZIP	SARASOTA FL 34239		
TITLE	2nd Vice President	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Corbin		
STREET ADDRESS	3100 Jennings Drive		
CITY-ST-ZIP	SARASOTA FL 34239		
TITLE	Treasurer	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis DuBois		
STREET ADDRESS	3218 S. School Ave		
CITY-ST-ZIP	SARASOTA FL 34239		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patrick Tharp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*941 455-1077*  
*3-15-01*

CR2007 (10/00)