

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91173 004 ****61.25

DOCUMENT # N26925

1. Entity Name

SOUTH GATE COMMUNITY ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**SOUTH GATE COMM ASSN
 3145 SOUTH GATE CIRCLE
 SARASOTA FL 34239**

**SOUTH GATE COMM ASSN
 3145 SOUTH GATE CIRCLE
 SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

68-0608951

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**THARP, PATRICE
 3145 S GATE CIRCLE
 SARASOTA FL 34239**

Name **Moore, Kevin**
 Street Address (P.O. Box Number is Not Acceptable)

3145 South Gate Circle
 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 Kevin Moore Kevin Moore 4/22/02
Signature, typed or printed name of registered agent and title 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 NAME STREET ADDRESS CITY-ST-ZIP	PD THARP, PATRICE 3601 MINEOLA DRIVE SARASOTA FL 34239	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCALZD, TRACEY 3302 S SCHOOL AVENUE SARASOTA FL 34239	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUEDEKA, BOB 2400 TUTTLE TERRACE SARASOTA FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CORBIN, NANCY 3160 JENNINGS DRIVE SARASOTA FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUBOIS, PHYLLIS 3218 S SCHOOL AVENUE SARASOTA FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Moore Kevin 2514 Alpine Avenue Sarasota, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP Simon, David 2616 Hibiscus Street Sarasota, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kevin Moore **REQUIRED** 4/26/02 941-955-4597
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)