


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90486 021 \*\*\*\*61.25

**DOCUMENT # N26925**

1. Entity Name  
SOUTH GATE COMMUNITY ASSOCIATION, INC.



Principal Place of Business  
SOUTH GATE COMM ASSN  
3145 SOUTH GATE CIRCLE  
SARASOTA, FL 34239

Mailing Address  
SOUTH GATE COMM ASSN  
3145 SOUTH GATE CIRCLE  
SARASOTA, FL 34239

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

01062004 Chg-NP CR2E037 (10/03)

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

MOORE, KEVIN  
3145 SOUTH GATE CIRCLE  
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

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

FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, KEVIN	
STREET ADDRESS	2514 AKPINE AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	SIMON, DAVID	
STREET ADDRESS	2616 HIBISCUS STREET	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUEDEKA, BOB	
STREET ADDRESS	2400 TUTTLE TERRACE	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	1VD	<input checked="" type="checkbox"/> Delete
NAME	CORBIN, NANCY	
STREET ADDRESS	3160 JENNINGS DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUBOIS, PHYLLIS	
STREET ADDRESS	3218 S SCHOOL AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: *Kevin W. Moore* Kevin W. Moore 4/22/04 941-955-4597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #