


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

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



03102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 *Kevin W. Moore* Kevin W. Moore President 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, KEVIN 2514 AKPINE AVENUE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD SIMON, DAVID 2616 HIBISCUS STREET SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUEDEKA, BOB 2400 TUTTLE TERRACE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUBOIS, PHYLLIS 3218 S SCHOOL AVENUE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/05-80024-005 61.25

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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* 4/15/05 941-955-4597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #