


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N26925 1. Entity Name SOUTH GATE COMMUNITY ASSOCIATION, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 68-0608951	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GOODMAN, TODD  
 2226 ALPINE TERRACE  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODMAN, TODD 2226 ALPINE AVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD MACAULAY, DELMAR 3352 TANGLEWOOD DR 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	2VP NEWHAMS, MICHAEL 2323 ALPINE AVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000710230  
 04/25/07-80035-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Todd M. Goodman **TODD M. GOODMAN** 04/10/07 911/955-4597

Date Daytime Phone