

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91424 001 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **68-0608951**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, KEVIN
3145 SOUTH GATE CIRCLE
SARASOTA FL 34239**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 Moore* **Kevin Moore** 4/23/03 941-907-9030

CR2E037 (10/02)