

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90028 032 ****61.25

DOCUMENT # 746753 1. Entity Name CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SECTION THREE, INC.					
Principal Place of Business 4205 CENTER GATE LN SARASOTA, FL 34233 US			Mailing Address 4205 CENTER GATE LN SARASOTA, FL 34233 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent VOLK, ROBERT 4205 CENTER GATE LANE SARASOTA, FL 34233				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: <u>Robert Volk</u> Signature, typed or printed name of registered agent and the if applicable.		<u>Robert Volk, President</u> (NOTE: Registered Agent signature required when reinstating)		<u>Jan 19, 2005</u> DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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	PTD ☐ Delete		TITLE	P ☒ Change ☐ Addition	
NAME	VOLK, ROBERT		NAME		
STREET ADDRESS	4205 CENTER GATE LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	DS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DENESE, GLORIA		NAME		
STREET ADDRESS	4221 CENTER GATE LN.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CARRIERO, NORA		NAME		
STREET ADDRESS	4209 CENTER GATE LN.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE	VD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LEWANDOWSKI, DANIEL		NAME		
STREET ADDRESS	4223 CENTER GATE LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP		
TITLE	D ☒ Delete		TITLE	T ☐ Change ☒ Addition	
NAME	WHITE, BARBARA		NAME	Viarengo, Stella	
STREET ADDRESS	4202 CENTER GATE LN.		STREET ADDRESS	4239 Center Gate Lane	
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP	Sarasota, Fl. 34233	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Robert Volk</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>ROBERT VOLK, President</u>		<u>Jan 19, 2005</u> Date Daytime Phone #	