#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26925

Entity Name: SOUTH GATE COMMUNITY ASSOCIATION, INC.

**FILED** Feb 09, 2023 **Secretary of State** 9297341878CC

# **Current Principal Place of Business:**

SOUTH GATE COMM ASSN 3145 SOUTH GATE CIRCLE SARASOTA, FL 34239-5515

### **Current Mailing Address:**

SOUTH GATE COMM ASSN 3145 SOUTH GATE CIRCLE SARASOTA, FL 34239-5515 US

FEI Number: 59-0864549 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

SWENSON, DAVE 3145 SOUTH GATE CIRCLE SARASOTA, FL 34239-5515 US

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.

SIGNATURE: DAVE SWENSON 02/09/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Address

**PRESIDENT** Title Title VΡ

SMAGACZ, STEVE MEREDITH, JACK Name Name

Address SOUTH GATE COMM ASSN Address SOUTH GATE COMM ASSN

3145 SOUTH GATE CIRCLE 3145 SOUTH GATE CIRCLE

SARASOTA FL 34239-5515 SARASOTA FL 34239-5515 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **DIRECTOR** 

LEWIS, STEVEN M Name BOWEN, ANDREW Name

3145 SOUTHGATE CIRCLE 3145 SOUTHGATE CIRCLE Address Address

City-State-Zip: SARASOTA FL City-State-Zip: SARASOTA FL 34239

Title DIRECTOR Title DIRECTOR

Name NEEDHAM, ANDREA KNOTTS, DAN Name

3145 SOUTH GATE CIRCE Address 3145 SOUTHGATE CIRCLE Address

City-State-Zip: SARASOTA FL 34239-5515 City-State-Zip: SARASOTA FL

Title DIRECTOR Title **DIRECTOR** 

MEISENHEIMER, JONATHAN Name Name HANCOCK, MARIAN

> Address SOUTH GATE COMM ASSN SOUTH GATE COMM ASSN 3145 SOUTH GATE CIRCLE 3145 SOUTH GATE CIRCLE

City-State-Zip: SARASOTA FL 34239-5515 City-State-Zip: SARASOTA FL 34239-5515

# Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

02/09/2023 SIGNATURE: STEVEN M LEWIS TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

DIRECTOR Title

O'HARA, KATHLEEN Name

Address

SOUTH GATE COMM ASSN 3145 SOUTH GATE CIRCLE

City-State-Zip: SARASOTA FL 34239-5515