

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 09, 2006 8:00 am
Secretary of State

02-20-2006 90040 011 ****61.25

66004303



1st MOORE CR2E037 (10/05)

DOCUMENT # 722397					
1. Entity Name SOUTH GATE VILLAGE GREEN CONDOMINIUM SECTION ELEVEN ASSOCIATION, INC.					
Principal Place of Business 3504 MEDFORD LN SARASOTA FL 34239 US			Mailing Address 3504 MEDFORD LN SARASOTA FL 34239 US		
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 59-1399423	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent LUDKE, SHIRLEY A 3504 MEDFORD LN SARASOTA FL 34239			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 _____ (NOTE: Registered Agent signature is required when re-registering) DATE _____					
FILE NOW. FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY- ST- ZIP	T LUDKE, SHIRLEY 3504 MEDFORD LN SARASOTA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Dorothy A. Flynn DM</i> <i>3410 Medford Lane</i> <i>Sarasota, FL 34239</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ROUSE, ELIZABETH W 3140 VILLAGE GREEN DRIVE SARASOTA FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD COATES, DORIS 3164 VILLAGE GREEN DR. SARASOTA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD DALTON, MARY D 3536 MEDFORD LANE SARASOTA FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD SCHWARZ, WILLIAM 3560 MEDFORD LN SARASOTA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Shirley A Ludke</i> <i>Shirley A Ludke</i>			Date: <i>2/9/06</i> Daytime Phone #: <i>941-944-3577</i>		



ATTACHMENT

66004303

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

SOUTH GATE VILLAGE GREEN CONDOMINIUM SECTION ELEVEN ASS
3504 MEDFORD LN
SARASOTA, FL 34239 US

Subject: **SOUTH GATE VILLAGE GREEN CONDOMINIUM SECTION ELEVEN**

Reference Number: 722397

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION