

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90015 012 ****61.25

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

400000



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1399423

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUDKE, SHIRLEY A
3504 MEDFORD LN
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	LUDKE, SHIRLEY
STREET ADDRESS	3504 MEDFORD LN
CITY-ST-ZIP	SARASOTA, FL
TITLE	P
NAME	ROUSE, ELIZABETH W
STREET ADDRESS	3140 VILLAGE GREEN DRIVE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	SD
NAME	COATES, DORIS
STREET ADDRESS	3164 VILLAGE GREEN DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	SD
NAME	DALTON, MARY D
STREET ADDRESS	3536 MEDFORD LANE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	DM
NAME	FLYNN, DOROTHY A
STREET ADDRESS	3410 MEDFORD LANE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Shirley A Ludke, Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08
Date

944924-3577
Daytime Phone #

Shirley A Ludke