


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90134 042 ****61.25

DOCUMENT # 741252	
1. Entity Name CENTER GATE MAINTENANCE AND PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 5766 BRONX AVE. SUITE A SARASOTA FL 34231 US	Mailing Address 5766 BRONX AVE. SUITE A SARASOTA FL 34231 US
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2. Principal Place of Business <i>6146 Clark Center Ave</i>	3. Mailing Address <i>6146 Clark Center Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Sarasota FL</i>	City & State <i>Sarasota FL</i>
Zip <i>34238</i>	Country <i>USA</i>
Zip <i>34238</i>	Country <i>USA</i>



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2073382	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 MANAGEMENT CONCEPTS OF SARASOTA CO INC 5766 BRONX AVE SUITE A SARASOTA FL 34231	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>6146 Clark Center Ave</i> City <i>Sarasota</i> FL Zip Code <i>34238</i>	

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 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAFJE, JOELE 3901 CENTER GATE CIR SARASOTA FL 34233 <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	VD EDELMA, JOSEPH 4214 CENTER GATE LANE SARASOTA FL 34233 <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	D COURVILLE, JAMES 4538 ATWOOD BAY CIR SARASOTA FL 34233 <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	PD VITIKAINEN, RAY 5428 WILKINSON RD 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	TD BRAINARD, MILLAR 4432 RUM CAY CIR SARASOTA FL 34233 <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	D DRUMM, WILLIAM 4010 CENTER GATE BLVD. SARASOTA FL 34233 <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 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:

Roy Winters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/05 941-922-5522