



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90239 041 ****61.25

DOCUMENT # 741252 1. Entity Name CENTER GATE MAINTENANCE AND PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 6146 CLARK CENTER AVENUE SARASOTA, FL 34238 US			Mailing Address 6146 CLARK CENTER AVENUE SUITE A SARASOTA, FL 34238 US		
2. Principal Place of Business - No P.O. Box # 3707 Radnor Place		3. Mailing Address 3707 Radnor PL		 03302007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota FL			
Zip 34232		Zip 34232			
Country Sarasota		Country Sarasota		4. FEI Number 59-2073382	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MANAGEMENT CONCEPTS OF SARASOTA CO INC 6146 CLARK CENTER AVENUE SARASOTA, FL 34238				7. Name and Address of New Registered Agent Name Prokop P.A. Street Address (P.O. Box Number is Not Acceptable) 3707 Radnor Place City Sarasota FL Zip Code 34232	
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 Kenneth D. Prokop <small>Signature, typed or printed name of registered agent and title if applicable.</small>				9/30/07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	SD JAFFE, JOELE 3901 CENTER GATE CIR SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDELMAN, JOSEPH 4214 CENTER GATE LANE SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURVILLE, JAMES 4538 ATWOOD BAY CIR SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete			
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	TD BRAINARD, MILLAR 4432 RUM CAY CIR SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete			
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	FRANK HOOLSKI 4164 CENTER GATE BLVD SARASOTA, FL 34233				
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: Ray Vitikainen RAY VITIKAINEN 4.5.07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					