

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741860

FILED
Apr 28, 2005
Secretary of State

Entity Name: CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

381 INTERSTATE BLVD
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

381 INTERSTATE BLVD
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 59-1890666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNVAST MANAGEMENT & SVCS INC.
381 INTERSTATE BLVD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: RIVERS, ROBERT
Address: 3920 CENTER GATE CIRCLE
City-St-Zip: SARASOTA, FL

Title: T () Delete
Name: SULLIN, PEGGIE O
Address: 3928 CENTER GATE CIRCLE
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: COLLINS, LILLIAN
Address: 3917 CENTER GATE CIRCLE
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: LEWERS, MARIANNE
Address: 3916 CENTER GATE CIR
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RIVERS, ROBERT
Address: 3920 CENTER GATE CIRCLE
City-St-Zip: SARASOTA, FL

Title: SD (X) Change () Addition
Name: SULLIVAN, PEGGIE O
Address: 3928 CENTER GATE CIRCLE
City-St-Zip: SARASOTA, FL

Title: DT (X) Change () Addition
Name: COLLINS, LILLIAN
Address: 3917 CENTER GATE CIRCLE
City-St-Zip: SARASOTA, FL

Title: DP (X) Change () Addition
Name: LEWERS, MARIANNE
Address: 3916 CENTER GATE CIR
City-St-Zip: SARASOTA, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARIANNE LEWERS

P

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date