

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90079 026 ****61.25

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DOCUMENT # 741860 1. Entity Name CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 381 INTERSTATE BLVD SARASOTA, FL 34240 US			Mailing Address 381 INTERSTATE BLVD SARASOTA, FL 34240 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent SUNVAST MANAGEMENT & SVCS INC. 381 INTERSTATE BLVD SARASOTA, FL 34240				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERS, ROBERT		NAME	JOSE B JAFFE	
STREET ADDRESS	3920 CENTER GATE CIRCLE		STREET ADDRESS	3901 CENTER GATE CIR	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, PEGGIE O		NAME	Rebecca B. Westbrook	
STREET ADDRESS	3928 CENTER GATE CIRCLE		STREET ADDRESS	3916 Center Gate Cir	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, LILLIAN		NAME	Secretary - EVELYN V. PARROTT	
STREET ADDRESS	3917 CENTER GATE CIRCLE		STREET ADDRESS	3906 Center Gate Circle	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWERS, MARIANNE		NAME	Board Member Ann Richard	
STREET ADDRESS	3916 CENTER GATE CIR		STREET ADDRESS	3907 Center Gate Circle	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	Sarasota, FL 34233	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Board member Elaine Rippa	
STREET ADDRESS			STREET ADDRESS	3905 Center Gate Cir	
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota FL 34233	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 another like empowered.					
SIGNATURE: <i>Jose B Jaffe</i>			3-31-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		