


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90177 024 \*\*\*\*61.25

<b>DOCUMENT # 741860</b> 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 - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip Country			City & State  Zip Country		
4. FEI Number 59-1890666			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  SUNVAST MANAGEMENT & SVCS INC. 381 INTERSTATE BLVD SARASOTA, FL 34240			7. Name and Address of New Registered Agent Name <u>Prokop P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3707 Radnor Place</u> City <u>Sarasota</u> FL Zip Code <u>34232</u>		
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 <u>Kenneth D. Prokop</u> DATE <u>3/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAFFE, JOEZE B 3901 CENTER GATE CIR SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WESTBROOK, REBECCA B 3916 CENTER GATE CIR SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARROTT, EVELYN V 3906 CENTER GATE CIRCLE SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM RICHART, ANN 3907 CENTER GATE CIRCLE SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM REPPER, ELSIE 3905 CENTER GATE CIR. SARASOTA, FL 34233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <u>Rebecca B. Westbrook</u> DATE <u>4-6-07</u> DAYTIME PHONE # <u>371-2650</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					