

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:24

DOCUMENT # 745337 (6)
1. Corporation Name
CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SECTION TWO, INC.

Principal Place of Business Mailing Address
5717 CENTER POINT LANE 5717 CENTER POINT LANE
SARASOTA FL 34233 SARASOTA FL 34233
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1978	3a. Date of Last Report 04/19/1994
4. FEI Number 59-1964016	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

KOBEL, JOHN H
5717 CENTER POINTE LANE
SARASOTA, FL MH 34233

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	P/D
NAME	CLAPP, JOHN R	1.2 NAME	KOBEL JOHN H.
STREET ADDRESS	5749 CENTER POINTE LANE	1.3 STREET ADDRESS	5717 CENTER POINTE LANE
CITY - ST - ZIP	SARASOTA, FL 34233	1.4 CITY - ST - ZIP	SARASOTA FLA. 34233
TITLE	TD	2.1 TITLE	
NAME	HULME, LLOYD S	2.2 NAME	
STREET ADDRESS	4129 CENTER POINTE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	D
NAME	PETRIDES, PHYLLIS	3.2 NAME	PETRIDES PHYLLIS
STREET ADDRESS	4101 CENTER GATE BLVD	3.3 STREET ADDRESS	4101 CENTER GATE BLVD.
CITY - ST - ZIP	SARASOTA, FL 34233	3.4 CITY - ST - ZIP	SARASOTA FLA. 34233
TITLE		4.1 TITLE	S/D
NAME		4.2 NAME	CHANNELL A.
STREET ADDRESS		4.3 STREET ADDRESS	5723 CENTER POINTE LANE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	SARASOTA FLA. 34233
TITLE		5.1 TITLE	V/D
NAME		5.2 NAME	MARSHALL DONALD
STREET ADDRESS		5.3 STREET ADDRESS	4103 CENTER GATE BLVD.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	SARASOTA FLA. 34233
TITLE		6.1 TITLE	D
NAME		6.2 NAME	HALEBIAN ALFRED
STREET ADDRESS		6.3 STREET ADDRESS	5781 CENTER POINTE LANE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	SARASOTA FLA. 34233

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-95 (813) 378-3040