FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # 745337

1. Corporation Name

CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION SECTION II, INC.

Principal Place of Business
5749 CENTER POINTE LANE
SARASOTA, FLORIDA 34233

Mailing Address
5749 CENTER POINTE LANE
SARASOTA FL 34233

3. Date Incorporated or Qualified: 12/21/78
3a. Date of Last Report: 3/7/96

2. Principal Place of Business
21 SARASOTA, FLORIDA
Suite, Apt. #, etc. 22
City & State 23 SARASOTA, FLORIDA
Zip 24 34233 Country 25 SARASOTA

2a. Mailing Address
26 5749 CENTER POINTE LA.
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DONALD MARSHALL
4103 CENTER GATE BLVD.
SARASOTA, FLORIDA 34233

10. Name and Address of New Registered Agent

81 Name: JOHN CLAPP
82 Street Address (P.O. Box Number is Not Acceptable): 5749 CENTER POINTE LANE
83
84 City: SARASOTA FL 85 Zip Code: 34233

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: JOHN CLAPP PRESIDENT — 4/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D JOHN CLAPP 5749 CENTER POINTE LANE SAR. FL. 34233	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT D BABA MARRERO 4113 CENTER POINTE BLVD SAR. FL. 34233	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER D DONALD MARSHALL 4103 CENTER GATE BLVD SAR. FL. 34233	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY D ALFRED N. HALEBLIAN 5789 CENTER POINTE LANE SAR. FL. 34233	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSISTANT SECRETARY D HENRY HAYS 5725 CENTER POINTE LANE SAR. FL. 34233	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALFRED N. HALEBLIAN — Alfred N. Haleblian 4-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(941) 378-5620
Daytime Phone #