AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

APPROVED AND FILED
98 OCT 23 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010565

DOCUMENT # 745337 (6)

1. Corporation Name
CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SEC TION TWO, INC.

Principal Place of Business	Mailing Address
5749 CENTER POINTE LANE SARASOTA FL 34233 US	5749 CENTER POINTE LANE SARASOTA FL 34233 US

3. Date Incorporated or Qualified: 12/21/1978

4. FEI Number: 59-1964016 — Applied For / Not Applicable

5. Certificate of Status Desired: *****61.25 — $8.75 Additional if Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4113 CENTER PT DR	26 4113 CENTER PT DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SAR FL	28 City & State: SARASOTA FL
24 Zip: 34233 25 Country: SAR	29 Zip: 34233 30 Country: SAR

9. Name and Address of Current Registered Agent

CLAPP, JOHN
5749 CENTER POINTE LANE
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name: BABA MARRERO
82 Street Address (P.O. Box Number is Not Acceptable): 4113 CENTER POINTE DRIVE
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: Baba Marrero — BABA MARRERO, PRESIDENT — 9/23/98
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	PD	☒ DELETE	1.1 TITLE	P PRESIDENT-D	☒ Change ☐ Addition
NAME	CLAPP, JOHN		1.2 NAME	BABA MARRERO	
STREET ADDRESS	5749 CENTER POINTE LANE		1.3 STREET ADDRESS	4113 CENTER POINTE Drive	
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VPD	☒ DELETE	2.1 TITLE	D VICE PRESIDENT-D	☒ Change ☐ Addition
NAME	MARRERO, BABA		2.2 NAME	CHARLES GARBER	
STREET ADDRESS	4113 CENTER POINTE DRIVE		2.3 STREET ADDRESS	5709 Center Pointe Lane	
CITY-ST-ZIP	SARASOTA FL 34233		2.4 CITY-ST-ZIP	SAR FL 34233	
TITLE	T	☐ DELETE	3.1 TITLE	D Treasurer-D	☐ Change ☐ Addition
NAME	MARSHALL, DONALD		3.2 NAME	DON MARSHALL	
STREET ADDRESS	4103 CENTER GATE BLVD		3.3 STREET ADDRESS	4103 Center Gate Blvd	
CITY-ST-ZIP	SARASOTA FL 34233		3.4 CITY-ST-ZIP	SAR FL 34233	
TITLE	SD	☐ DELETE	4.1 TITLE	D Secty-D	☐ Change ☐ Addition
NAME	HALEBLIAN, ALFRED N		4.2 NAME	ALFRED N. HALEBLian	
STREET ADDRESS	5789 CNETER POINTE LANE		4.3 STREET ADDRESS	5789 Center Pointe Lane	
CITY-ST-ZIP	SARASOTA FL 34233		4.4 CITY-ST-ZIP	SAR FL 34233	
TITLE	ASD	☒ DELETE	5.1 TITLE	D Board Member-D	☒ Change ☐ Addition
NAME	HAYS, HENRY		5.2 NAME	Ed GROSS	
STREET ADDRESS	5725 CENTER POINTE LANE		5.3 STREET ADDRESS	4109 CenterPointe Drive	
CITY-ST-ZIP	SARASOTA FL 34233		5.4 CITY-ST-ZIP	SAR FL 34233	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

10-27-98

CR2E037 (5/98)

14. I 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 — 9-8-98 — 378 5620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #