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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745337

1. Corporation Name

CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SECTION TWO, INC.

Principal Place of Business

4113 CENTER PT. DR. ANE
 SARASOTA FL 34233
 US

Mailing Address

4113 CENTER PT. DR. ANE
 SARASOTA FL 34233
 US



2. Principal Place of Business

21 **4109 CENTER PT. DR.**

2a. Mailing Address

26 **4109 CENTER PT. DR.**

3. Date Incorporated or Qualified

12/21/1978

Suite, Apt. #, etc.

22 **SARASOTA, FL.**

Suite, Apt. #, etc.

27 **SARASOTA FL.**

4. FEI Number

59-1964016

Applied For

Not Applicable

City & State

23 **34233 SARASOTA**

City & State

28 **SARASOTA FL.**

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

Country

24 **34233** **US**

Zip

Country

29 **34233** **SAR**

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

MARRERO, BABA
4113 CENTER PT. DR. ANE
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name

ED GROSS

82 Street Address (P.O. Box Number is Not Acceptable)

4109 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

Edward C. Gross

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **MARRERO, BABA**
 STREET ADDRESS **4113 CENTER PT. DR. ANE**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **VPD** ☐ DELETE

NAME **GARBER, CHARLES**
 STREET ADDRESS **5709 CENTER POINTE LANE**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **TD** ☐ DELETE

NAME **MARSHALL, DON**
 STREET ADDRESS **4103 CENTER GATE BLVD**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **SD** ☐ DELETE

NAME **HALEBLIAN, ALFRED N**
 STREET ADDRESS **5789 CENTER POINTE LANE**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** ☐ DELETE

NAME **GROSS, ED**
 STREET ADDRESS **4409 CENTER POINTE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **GROSS, ED**
 1.3 STREET ADDRESS **4409 CENTER POINTE DRIVE**
 1.4 CITY-ST-ZIP **SARASOTA FL 34233**

2.1 TITLE **VPD** ☐ Change ☒ Addition

2.2 NAME **NANCY MARTIN**
 2.3 STREET ADDRESS **5725 CENTER POINTE LANE**
 2.4 CITY-ST-ZIP **SARASOTA Florida 34233**

3.1 TITLE **TD** ☐ Change ☐ Addition

3.2 NAME **MARSHALL, DON**
 3.3 STREET ADDRESS **4103 CENTER GATE BLVD**
 3.4 CITY-ST-ZIP **SARASOTA FL 34233**

4.1 TITLE **SD** ☐ Change ☐ Addition

4.2 NAME **HALEBLIAN ALFRED N**
 4.3 STREET ADDRESS **5789 CENTER POINTE LANE**
 4.4 CITY-ST-ZIP **SARASOTA FL 34233**

5.1 TITLE **D** ☐ Change ☐ Addition

5.2 NAME **GARBER, CHARLES**
 5.3 STREET ADDRESS **5709 CENTER POINTE LANE**
 5.4 CITY-ST-ZIP **SARASOTA FL 34233**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **Alfred N. Haleblian** RECORDED N. Haleblian 1-31-99 941 3785620
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)