2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745337

1. Entity Name

CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SEC TWO

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90169 005 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4109 CENTER PT. DR. SARASOTA FL 34233 US	4109 CENTER PT. DR. SARASOTA FL 34233-1633 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1964016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GROSS, ED 4109 CENTER POINTE DR. SARASOTA FL 34233	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GROSS, ED 4109 CENTER PT. DR. SARASOTA FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHANNELL, AL 5773 Center Pointe Lane SARASOTA, FL. 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARTIN, NANCY 5725 CENTER POINTE LN. SARASOTA FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNEY, ROBERT 4105 CENTER GATE BLVD. SARASOTA, FL. 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARSHALL, DON 4103 CENTER GATE BLVD SARASOTA FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HALEBLIAN, ALFRED N 5789 CNETER POINTE LANE SARASOTA FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARBER, CHARLES 5709 CENTER POINTE LN. SARASOTA FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: AL CHANNELL, SECRETARY SIGNATURE REQUIRED FEBRUARY 15/00 941-378-4761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #