2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90165 003 ****61.25

0052238

DOCUMENT # 745337

1. Entity Name

CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SEC TION TWO, INC.

Principal Place of Business	Mailing Address
5773 CENTER POINTE LANE SARASOTA FL 34233 US	5773 CENTER POINTE LANE SARASOTA FL 34233 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5729 Center Pointe Lane Suite, Apt. #, etc.	5729 Center Pointe Lane Suite, Apt. #, etc.
City & State: Sarasota, Florida	City & State: Sarasota, Florida
Zip: 34233 Country: USA	Zip: 34233 Country: USA

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 5773 CENTER POINTE LANE SARASOTA FL 34233	Name: DON MARSHALL Street Address (P.O. Box Number is Not Acceptable): 4103 Center Gate Blvd City: Sarasota FL Zip Code: 34233

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 DON MARSHALL x D Marshall 1/21/02
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 CHANNELL, AL 5773 CENTER POINTE LANE SARASOTA FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARSHALL, DON 4103 CENTER GATE BLVD SARASOTA FL 34233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPDS MARTIN, NANCY 5725 CENTER POINTE LN. SARASOTA FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDAS MARSHALL, DON 4103 CENTER GATE BLVD SARASOTA FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DENNEY, ROBERT 4105 CENTER GATE BLVD SARASOTA FL 34233	☐ 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	D HENRIKSEN, WALTER 4107 CENTER GATE BLVD SARASOTA FL 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNEY, ROBERT 4105 CENTER GATE BLVD SARASOTA FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAD LEVIS, JUDY 5733 CENTER POINTE LANE SARASOTA FL 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: DON MARSHALL, PRES. SIGNATURE REQUIRED D Marshall 1/21/02 941-371-5567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #