2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State
02-06-2006 90066 038 ****61.25

60012137

DOCUMENT # 745337

1. Entity Name
CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SECTION TWO, INC.

Principal Place of Business	Mailing Address
5729 CENTER POINTE LANE SARASOTA, FL 34233 US	5729 CENTER POINTE LANE SARASOTA, FL 34233 US

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

01092006 Chg-NP CR2E037 (11/05)

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
GARBER, CHARLES
5709 CENTER POINTE LANE
SARASOTA, FL 34233

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Charles Garber [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE V NAME HALEBLIAN, ALFRED STREET ADDRESS 4107 CENTER POINTE LANE CITY ST ZIP SARASOTA, FL 34233	☒ Delete	TITLE V NAME KOBEL, DENISE STREET ADDRESS 5717 CENTER POINTE LANE CITY ST ZIP SARASOTA, FL. 34233	☐ Change ☒ Addition
TITLE S NAME PAUL, MILDRED STREET ADDRESS 5741 CENTER POINTE LANE CITY ST ZIP SARASOTA, FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE P NAME GARBER, CHARLES STREET ADDRESS 5709 CENTER POINTE LANE CITY ST ZIP SARASOTA, FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE T NAME HENRIKSEN, WALTER STREET ADDRESS 4107 CENTER GATE BLVE CITY ST ZIP SARASOTA, FL 34233	☐ Delete	TITLE D NAME STREET ADDRESS CITY ST ZIP	☒ Change ☐ Addition
TITLE D NAME DAGEN, HARVEY STREET ADDRESS 5733 CENTER POINTE LANE CITY ST ZIP SARASOTA, FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE T NAME PHANELF, MARY STREET ADDRESS 4125 CENTER POINTE DRIVE CITY ST ZIP SARASOTA, FL. 34233	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Charles Garber [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #