2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745337

1. Entity Name



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90440 015 ****61.25

| TION TWO | GATE VILLAGE CONDOMINIU), INC: | | | | | | | | | |
|---|--|--|-------------------------------|----------------------------|---|--|--|-----------------|-------------------------------|---------------|
| Principal Place of Business 5729 CENTER POINTE LANE SARASOTA FL 34233 US | | Mailing Address 5729 CENTER POINTE LANE SARASOTA FL 34233 US | | | | | | | | |
| 2. Principal F | Place of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | , | | | | . 41411 1451 | |
| Suite, Apt. #, etc. | | Suite, Apr. #, etc. | | | CHECK HERE IF MAKING CHANG | | | | ES | |
| City & State | | City & State | | 4. FEI Number 59 -1 | | 9-1964016 | -1964016 | | Applied For Not Applicable | |
| Zip Country | | Zip | Country | | | | | 8.75 Additional | | 1 |
| | 6. Name and Address of Current | Registered Agent | | J | 7. Name and Add | tress of New R | | v | | _ |
| _ | and the second | - | Name | HALE | BLIAN, AI | ERED . | | | | |
| MARSHAI | | _ | Street Address | | | s (P.O. Box Number is Not Acceptable)- | | | | |
| 4103 CENTER GATE BLVD — SARASOTA FL 34233 | | | | 5789 | CENTER PO | DINTE LA | ANE | | | $\frac{1}{2}$ |
| יטרוועסטו | | | City | | | | | T 7:- 0-4 | | 4 |
| | named entity submits this statement fo | | | SARAS | | | FL | 3423 | | |
| - | ions of registered agent. ALFRED HALEBLIAN, Signature, typed or printed name of registered agent a | President and title if applicable. (NOTE: R | Old egistered Agent signa | eture required v | Haleb li when reinstating) | ian | Feb | 720 | 03 | |
| : 1 | FILE NOW: FEE IS \$61.25 | 9. Election Camp Trust Fund Cor | - | | \$5.00 May Be Added to Fees | | | Payable t | | |
| 10. | OFFICERS AND DIF | | 11. | Al | DDITIONS/CHANG | ES TO OFFICE | RS AND DIR | ECTORS IN | 10 | _ ا |
| title Name | PD MARSHALL, DON | 🙀 Delete | TITLE | PD | ת ואגדדת | TEDED | | Change | 🙀 Addition | 20/0 |
| STREET ADDRESS | 4103 CENTER GATE BLVD | | NAME STREET ADDRESS | | EBLIAN, A 7 Center | | I.ano | | | 7 (3) |
| CITY-ST-ZIP | SARASOTA FL 34233 | | CITY-ST-ZIP | | asota Fl. | | Dane | | | 20 |
| TITLE | VPDS | Delete | TITLE | VPD | | | | ☐ Change | Addition | á |
| NAME Street address | MARTIN, NANCY 5725 CENTER POINTE LN. | , | NAME STREET ADDRESS | | L MILDRED | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34233 | · | CITY-ST-ZIP | | Center | | | | | - |
| THTLE | TD | Delete | TITLE | Sara | sota Fl. | <u>34233</u> | NOTE OF THE PERSON OF THE PERS | Change | Addition | |
| NAME | DENNEY, ROBERT | Α. | NAME | CHAF | RLES GARB | ER | | | Λ | |
| STREET ADDRESS CITY-ST-ZIP | 4105 CENTER GATE BLVD SARASOTA FL 34233 | | STREET ADDRESS CITY-ST-ZIP | | Center sota Fl. | | Lane | | | |
| TITLE | D | Delete | TITLE | D | 10000 11. | 3 1 2 3 3 | | ☐ Change | ☐ Addition | 1 |
| NAME | HENRIKSEN, WALTER | Delete | NAME | MARE | RERO, ZCE | LA | | - | Addition | |
| STREET ADDRESS | 4107 CENTER GATE BLVD | | STREET ADDRESS | 4113 | Center sota, Fl | Pointe | Drive | | | |
| CITY-ST-ZIP | SARASOTA FL 34233 | | CITY-ST-ZIP | Sara | isoca, FI | . 34233 | | | | 1 |
| TITLE NAME | sad Levis, judy | ☐ Delete | TITLE NAME | | | | | Change | ☐ Addition | |
| STREET ADDRESS | 5733 CENTER POINTE LANE | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | SARASOTA FL 34233 | | CITY-ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition | 1 |
| NAME Street address | | | NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | |
| 12 Lhoroby o | partify that the information supplied with | this filling does not qualify far th | | landin Coo | No. 110.07(0\/'\ 51 | | | C 11 1 1 1 1 | | } |

I hereby certify that the information supplied with this filling 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.

aghel N Halelian Feb 12003