

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90008 020 ****61.25

DOCUMENT # 748135 1. Entity Name CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SECTION FOUR, INC.					
Principal Place of Business 4216 CENTER GATE SARASOTA, FL 34233 US			Mailing Address 5657 EVERGREEN SARASOTA, FL 34233 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent STIVERS, WILLIAM 4216 CENTER GATE LANE SARASOTA, FL 34233				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 59-2016588	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE <u>William Stivers</u> (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD STIVERS, WILLIAM 4216 CENTER GATE LANE SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William BUTLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4238 CENTER GATE LANE SARASOTA, FL 34233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, MAUREEN 4228 CENTER GATE LA SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEARL Young <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4207 Bowling Green Circle Sarasota FL 34233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FEHRENBACH, MARY G 4222 CENTER GATE LANE SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FAUST, LEE 4211 BOWLING GREEN SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSGANG, JULIAN 4218 CTR GATE LN SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, WARREN 5625 EVERGREEN DR. SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>William Stivers</u> (William Stivers, PD)					