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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **753088** **(4)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
4160 BOWLING GREEN CIRCLE SARASOTA FL 34233	4160 BOWLING GREEN CIRCLE SARASOTA FL 34233-3837

3. Date Incorporated or Qualified: 06/24/1980
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business
21: 4190 Bowling Green Cir
Suite, Apt. #, etc. 22:
City & State 23: Sarasota FL
Zip 24: 34233 Country 25:

2a. Mailing Address
26: 4190 Bowling Green Cir.
Suite, Apt. #, etc. 27:
City & State 28: Sarasota FL
Zip 29: 34233 Country 30:

4. FEI Number: 59-2016589 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

SCOTT, DANIEL E. ATTY.
2170 MAIN ST.
SARASOTA FL 34237

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, WAYNE		1.2 NAME		
STREET ADDRESS	5537 BOUTIFUL DIRVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, JAMES		2.2 NAME		
STREET ADDRESS	4316 BOWLING GREEN CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COONS, JOHN		3.2 NAME		
STREET ADDRESS	4196 BOWLING GREEN CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	STEIN, BETTY C		4.2 NAME		
STREET ADDRESS	4160 BOWLING GREEN CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	VANGILDER, MARJORIE		5.2 NAME		
STREET ADDRESS	4224 BOWLING GREEN CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SARLIN, ARTHUR		6.2 NAME		
STREET ADDRESS	4152 BOWLING GREEN CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

Thomas Kinney
4136 Bowling Green Circle
Sarasota FL 34233

Edward Gracher
4176 Bowling Green Circle
Sarasota FL 34233

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne E Nelson Pres Vice President 1-9-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0063091