FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753088

1. Corporation Name

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

Principal Place of Business

Mailing Address

4190 BOWLING GREEN CIR SARASOTA FL 34233 4190 BOWLING GREEN CIR SARASOTA FL 34233

US

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90003 020 ****61.25



2. Principal Pl	Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualified	
21	26					06/24/1980	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					- 4FEI Number - Applied For	
27						59-2016589 Not Applicable	
City & State City & State						5. Certificate of Status Desired \$8.75 Additional	
23						5. Certificate of Status Desired Fee Required	
Zip	Country Zip			Country		6. Election Campaign Financing \$5.00 May Be	
24	25 29 30			Trust Fund Contribution Added to Fees			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
				81	Name		
SCOTT, DANIEL E. ATTY.				82 Street Address (P.O. Box Number is Not Acceptable)			
2170 MAIN ST.							
SARASOTA FL 34237				83			
OAINOO II	A I E OTEO		- }	84	City	85 Zip Code	
				ا"	City	FL 13 15 5535	
44. December 14. Annual in the Section 617 0502 and 617 1508. Florida Statutes, the above named comporation submits this statement for the purpose in						corporation submits this statement for the purpose of changing its registered	
office or registered egent, or both, in the State of Florida, Such change was allthourzed by the comporation's poard of directors, I needly accept the appointment as registered.							
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered /	Agent	signature rec	equired when reinstating) DATE	
12.	OFFICERS AND		13.		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			1.1 TITI	1.1 TITLE		☐ Change ☐ Addition	
NAME	GREENE, LEON		1.2 NA	ME			
STREET ADDRESS	4156 BOWLING GREEN CIRCLE		1357	REET	ADDRESS		
	SARASOTA FL 34233			1.4 CITY-ST-ZIP		,	
CITY-ST-ZIP TITLE				2.1 TITLE		Change Addition	
	** 			2.2 NAME		·	
NAME	RENAUD, ED JR.			2.3 STREET ADDRESS			
STREET ADDRESS	1110 0011 0110			2.4 CITY-ST-ZIP		. • •	
CITY-ST-ZIP	SARASOTA FL 34233			3.1 TITLE		Change Addition	
TITLE	<u> </u>			3.2 NAME			
NAME	GRAEDEN, EDITARD				40000000		
STREET ADDRESS	41/0 Bottano en			3.3 STREET ADDRESS			
CITY-ST-ZIP	C PELETE			3.4. CITY+ST-ZIP		☐ Change ☐ Addition	
TITLE	10		1	4.1 TITLE			
NAME	KINNEY, THOMAS		4. 2 NA		1		
STREET ADDRESS	4100 BOWENG GILLEN OW				ADDRESS		
CITY-ST-ZIP	C. (14 (CC) 17 1 E G 12 CC			Y-ST	- ZIP	Change Addition	
TITLE	SD	☐ DELETE	5.1 TIT			Cuanting Theorem	
NAME	HENDIN, LINDA		5.2 NA		}		
STREET ADDRESS 4240 BOYLING GREEN CINCLE					ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		5.4 CIT		-ZIP		
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition	
NAME - 19	ls 47 38501		6.2 NA	ME	j		
STREET ADDRESS			6.3 STI	REET	ADDRESS		
	LANGE CONTRACTOR		6.4 C/I	Y-ST	-ZIP	·	

4. 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 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 Statutas; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 / 8 / 9 9 41 / 379 - 739) Pate Dayling Phone

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