2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

, with all other like empowered

FILED DOCUMENT # 753088 Feb 24, 2000 8:00 am 1. Entity Name **Secretary of State** CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SEC 02-24-2000 90016 032 ****61.25 Principal Place of Business Mailing Address 4190 BOWLING GREEN CIR 4190 BOWLING GREEN CIR SARASOTA FL 34233 SARASOTA FL 34233-3837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2016589 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCOTT, DANIEL E. ATTY. 2170 MAIN ST. SARASOTA FL 34237 Zip Code City FL 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition PD Delete Change TITLE TITLE Edward Renaud, Jr. GREENE, LEON NAME NAME 4156 BOWLING GREEN CIRCLE 4140 Bowling Green Cr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sarasota, FL 34233 SARASOTA FL 34233 William Weise **X** Addition VPD Delete TITLE Change TITLE 5549 Bountiful Dr. RENAUD, ED JR. NAME NAME STREET ADDRESS 4140 BOWLING GREEN CIRCLE STREET ADDRESS 34233 Sarasota. FL CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete Change Addition TITLE TITLE GRAEBER, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 4176 BOWLING CIR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete Change ☐ Addition TITLE TITI F m NAME KINNEY, THOMAS NAME STREET ADDRESS STREET ADDRESS 4136 BOWLING GREEN CIR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Change ☐ Addition TITLE Delete TITLE NAME HENDIN, LINDA MAME STREET ADDRESS 4240 BOWLING GREEN CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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