

DOCUMENT # 753088

1. Entity Name

CENTER GATE VILLAGE CONDOMINIUM ASSOCIATION, SEC

Principal Place of Business

4190 BOWLING GREEN CIR
SARASOTA FL 34233
US

Mailing Address

4190 BOWLING GREEN CIR
SARASOTA FL 34233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2016589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	RENAUD, EDWARD JR	
STREET ADDRESS	4140 BOWLING GREEN CR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VPD	☐ Delete
NAME	WILLIAM, WEISS	
STREET ADDRESS	5549 BOUNTIFUL DR	
CITY-ST-ZIP	SARASOTA-FL 34233	
TITLE	D	☐ Delete
NAME	GRAEBER, EDWARD	
STREET ADDRESS	4176 BOWLING CIR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TD	☐ Delete
NAME	KINNEY, THOMAS	
STREET ADDRESS	4136 BOWLING GREEN CIR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SD	☐ Delete
NAME	HENDIN, LINDA	
STREET ADDRESS	4240 BOWLING GREEN CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *EDWARD J. RENAUD JR.* 1/9/2001 - 941-342-0816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

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