

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 753088**

1. Entity Name

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

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **VPD**
STREET ADDRESS **CAROLYN HOE**
CITY-ST-ZIP **4140 BOWLING GR. CIRCLE**
SARASOTA, FL 34233TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **DR. EDWARD HAMILTON**
STREET ADDRESS **4196 BOWLING GR. CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34233**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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90175 050 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)