

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90018 009 ****61.25

DOCUMENT # 766075

1. Entity Name

**CENTER GATE ESTATES VILLAGE CONDOMINIUM
ASSOCIATION, SECTION I, INC.**



Principal Place of Business

**MGMT CONCEPTS
5766 BRONX AVE STE A
SARASOTA FL 34231
US**

Mailing Address

**MGMT CONCEPTS
5766 BRONX AVE STE A
SARASOTA FL 34231
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

59-2292073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MGMT CONCEPTS
5766 BRONX AVE
STE A
SARASOTA FL 34231**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PACKARD, JUDITH	
STREET ADDRESS	4315 RUM CAY CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SEAY, JAMES	
STREET ADDRESS	4438 RUM CAY CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, MIKE	
STREET ADDRESS	4426 RUM CAY CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOHRMAN, ROGER	
STREET ADDRESS	4313 RUM CAY PLACE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	POWERS, RICHARD	
STREET ADDRESS	4332 RUM CAY PLACE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBSON, EARL	
STREET ADDRESS	4340 RUM CAY PLACE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COCHRAN, DEBRA	
STREET ADDRESS	4303 RUM CAY PLACE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENSON, DAVID	
STREET ADDRESS	4327 RUM CAY PLACE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGINNIS, NORMAN	
STREET ADDRESS	4418 RUM CAY CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	

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: *Roger M. Lohrman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/04 941-922-5522

Date

Daytime Phone #