


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State


04-12-2005 90147 011 ****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
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2. Principal Place of Business 6146 Clark Center Ave Suite, Apt. #, etc.	3. Mailing Address 6146 Clark Center Ave Suite, Apt. #, etc.
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City & State Sarasota FL	City & State Sarasota FL
Zip 34238	Zip 34238
Country USA	Country USA



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2292073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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) 6146 Clark Center Ave City Sarasota FL Zip Code 34238
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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.

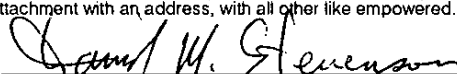
SIGNATURE _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME STEVENSON, DAVID STREET ADDRESS 4327 RUM CAY PLACE CITY-ST-ZIP SARASOTA FL 34233	<input type="checkbox"/> Delete	TITLE TD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MCGINNIS, NORMAN STREET ADDRESS 4418 RUM CAY CIRCLE CITY-ST-ZIP SARASOTA FL 34233	<input type="checkbox"/> Delete	TITLE NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME KELLER, MIKE STREET ADDRESS 4426 RUM CAY CIRCLE CITY-ST-ZIP SARASOTA FL 34233	<input type="checkbox"/> Delete	TITLE NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME LOHRMAN, ROGER STREET ADDRESS 4313 RUM CAY PLACE CITY-ST-ZIP SARASOTA FL 34233	<input checked="" type="checkbox"/> Delete	TITLE D NAME SOUTHARD, ALBERT STREET ADDRESS 4308 RUM CAY PLACE CITY-ST-ZIP SARASOTA FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME COCHRAN, DEBRA STREET ADDRESS 4303 RUM CAY PLACE CITY-ST-ZIP SARASOTA FL 34233	<input checked="" type="checkbox"/> Delete	TITLE SD NAME BAKER, SUSAN STREET ADDRESS 4323 RUM CAY CIRCLE CITY-ST-ZIP SARASOTA FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME JACOBSON, EARL STREET ADDRESS 4340 RUM CAY PLACE CITY-ST-ZIP SARASOTA FL 34233	<input type="checkbox"/> Delete	TITLE PD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/1/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #