

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90360 032 ****61.25

DOCUMENT # 766075

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



Principal Place of Business
**6146 CLARK CENTER AVEZ
SARASOTA, FL 34238 US**

Mailing Address
**6146 CLARK CENTER AVEZ
SARASOTA, FL 34238 US**

60029693



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2292073

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fec Required**

6. Name and Address of Current Registered Agent

**MGMT CONCEPTS
6146 CLARK CENTRE AVE
SARASOTA, FL 34238**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **TD** ☐ Delete
NAME **STEVENSON, DAVID**
STREET ADDRESS **4327 RUM CAY PLACE**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **D** ☐ Delete
NAME **MCGINNIS, NORMAN**
STREET ADDRESS **4418 RUM CAY CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **VD** ☐ Delete
NAME **KELLER, MIKE**
STREET ADDRESS **4426 RUM CAY CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **D** ☐ Delete
NAME **SOUTHARD, ALBERT**
STREET ADDRESS **4308 RUM CAY PLACE**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **SD** ☒ Delete
NAME **BAKER, SUSAN**
STREET ADDRESS **4323 RUM CLAY CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **PD** ☐ Delete
NAME **JACOBSON, EARL**
STREET ADDRESS **4340 RUM CAY PLACE**
CITY-ST-ZIP **SARASOTA, FL 34233**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **James Thurmond**
STREET ADDRESS **4312 Rum Cay PL**
CITY-ST-ZIP **Sarasota, FL 34233**

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 **SD** ☒ Change ☐ Addition
NAME **Baker, Susan**
STREET ADDRESS **4323 Rum Cay 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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #