2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90183 046 ****61.25

DOCUMENT # 769052

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

Principal Place of Business	Mailing Address
MANAGEMENT CONCEPTS 5766 BRONX AVE., STE A SARASOTA, FL 34231 US	P.O. BOX 17372 SARASOTA, FL 34276-0372

04012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
A. O'CONNOR	
Suite, Apt. #, etc.: 4427 Rum Cay Circle	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State
Zip: 34233 Country: USA	Zip Country

4. FEI Number 59-2401681 ☐ 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
MGMT CONCEPTS OF SARASOTA COUNTY, INC. 5766 BRONX AVENUE SUITE A SARASOTA, FL 34231	Name: ARTHUR O'CONNOR Street Address (P.O. Box Number is Not Acceptable): 4427 RUM CAY CIRCLE City: SARASOTA FL Zip Code: 34233

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: _____ 4/6/05
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DORMAN, DAVID 4445 RUMCAY CIR. SARASOTA, FL 34233	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD O'CONNOR, ARTHUR 4427 Rum CAY CIRCLE SARASOTA FL 34233	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STIRES, ZEKE 4446 ATWOODCAY CIRCLE SARASOTA, FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STIRES, ALBERT 4446 ATWOOD CAY CIRCLE SARASOTA FL 34233	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WINSTEAD, MARILYN 4429 RUM CAY CIR. SARASOTA, FL 34233	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Mc MAHON, JUDITH 4437 RUM CAY CIRCLE SARASOTA FL 34233	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNOX, GLORIA 4427 RUM CAY CIRCLE SARASOTA, FL 34233	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOTY, JUANITA 4466 ATWOOD CAY CIRCLE SARASOTA FL 34233	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRIGOLI, EDWARD 4447 RUM CAY CIRCLE SARASOTA, FL 34233	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, DAVID 4419 RUM CAY CIR. SARASOTA, FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ARTHUR O'CONNOR 4/6/05 (941) 377-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #