

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90021 008 ****61.25

DOCUMENT # 769052

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



Principal Place of Business
**A O'CONNOR
4427 RUM CAY CIR
SARASOTA, FL 34233 US**

Mailing Address
**P.O. BOX 17372
SARASOTA, FL 34276-0372**

50009469



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162006

Chg-NP

CR2E037 (11/05)

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

**O'CONNOR ARTHUR
4427 RUM CAY CIR
SARASOTA, FL 34233**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **O'CONNOR, ARTHUR**
STREET ADDRESS **4427 RUM CAY CIR**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **PD** ☒ Change ☐ Addition
NAME **O'CONNOR, ARTHUR**
STREET ADDRESS **4427 RUM CAY CR**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** ☒ Delete
NAME **STIRES, ZEKE**
STREET ADDRESS **4446 ATWOODCAY CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **TD** ☐ Change ☒ Addition
NAME **SIMONS, ROBERT**
STREET ADDRESS **4442 ATWOOD CAY CR**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **SD** ☐ Delete
NAME **MCAHON, JUDITH**
STREET ADDRESS **4427 RUM CAY CIR**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DOTY, JUANITA**
STREET ADDRESS **4466 ATWOOD CAY CIR**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **D** ☐ Change ☒ Addition
NAME **STEARNS, ROBERT**
STREET ADDRESS **4458 ATWOOD CAY CR**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** ☐ Delete
NAME **MURRAY, DAVID**
STREET ADDRESS **4419 RUM CAY CIR.**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **VD** ☒ Change ☐ Addition
NAME **MURRAY, DAVID**
STREET ADDRESS **4419 RUM CAY CR**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ARTHUR O'CONNOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

Date

(941) 377-5646

Daytime Phone #