


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90025 042 ****61.25

DOCUMENT # N06000010319

1. Entity Name
 CENTERGATE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 1819 MAIN ST., SUITE 610
 SARASOTA, FL 34236

Mailing Address
 1819 MAIN ST., SUITE 610
 SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #
 5360 Bee Ridge Rd
 Suite, Apt. #, etc.
 Suite D-2

3. Mailing Address
 1736 Main St.
 Suite, Apt. #, etc.

City & State
 Sarasota, FL


City & State
 Sarasota, FL

Zip
 34233

Country
 USA

Zip
 34236

Country
 USA



02132008 Chg-NP CR2E037 (12/06)

4. FEI Number
 APPLIED FOR 20-5327850

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKOKOS, PETER Z ESQ.
 1819 MAIN ST., SUITE 610
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
 JOSEPH A COSTELLO, SR

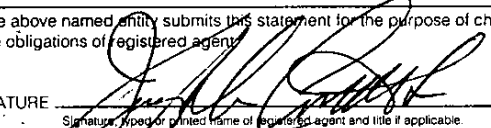
Street Address (P.O. Box Number is Not Acceptable)
 1736 MAIN ST

City
 Sarasota

FL

Zip Code
 34236

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 3/20/08

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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	PD COSTELLO, JOSEPH A SR. 1736 MAIN ST. SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHULTZ, SHELDON 1736 MAIN ST. SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SHULTZ, INA 1736 MAIN ST. SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE:  DATE 3/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 941-954-0023