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.					03-28-2008	90025 042	****61	25	
Principal Place 1819 MAIN S SARASOTA, F	ST., SUITE 610	Mailing Address 1819 MAIN ST., SUITE 610 SARASOTA, FL 34236)	100		Pice 86:81 (28) 88888	 		
2. Principal Place of Business - No P.O. Box# 3. Mailing Address 1736 //		ain St.							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·	02132008	Chg-NP	CR2E037 (-		
City-& State		City& State Saraso X	. F1	4. FEI Number APPLIED	FOR 20-	532785) Ap	plied For t Applicable	
Zip34:	233 USA	zip3 4236	Country A	5. Certificate o	f Status Desired		.75 Add Required		
	6. Name and Address of Current	Registered Agent	41	7. Name and A	ddress of New		_		
SKOKOS, PETER Z ESQ. 1819 MAIN ST., SUITE 610			10	Name OSENH A COSTZ-110, SA Street Address (P.O. Box Number is Not Acceptable)					
	A, FL 34236		773		·				
•			, , ,	10// 2					
	named entity submits this statement to	The purpose of changing its reg				iorida. I am fam	itier with,	and accept	
	$\mathcal{A}/\mathcal{U}/\mathcal{L}$	WHL			3/	40/08	>		
SIGNATURE .	Signature, where or printed frame of legistered agent	and title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating)		DATE		ns.o.	
SIGNATURE .	Filing Fee is \$61.25	9. Election Campa		\$5.00 May Be		Make check pa	yable to	na.o.	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cont	sign Financing tribution.	\$5.00 May Be Added to Fees	Flo	Make check partine	nt of St	où Où ate	
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12. I hereby certify that the information supplied with this Hing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied mail report is frue 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 employered to execute this report as required by Chapter 617. Florida Statutes; and that my dame appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR