

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90030 010 \*\*\*\*70.00

<b>DOCUMENT # N06000011751</b> 1. Entity Name <b>SOUTH GATE VILLAGE GREEN SEC. V, INC.</b>					
Principal Place of Business <b>3516 VILLAGE GREEN DRIVE SARASOTA, FL 34239</b>			Mailing Address <b>3516 VILLAGE GREEN DRIVE SARASOTA, FL 34239</b>		
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>BIANCHI, PAUL 3516 VILLAGE GREEN DRIVE SARASOTA, FL 34239</b>				7. Name and Address of Now Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <i>Paul Bianchi</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Paul Bianchi</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>2/6/07</i> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DICKSON, HERBERT</b> <b>3516 VILLAGE GREEN DRIVE</b> <b>SARASOTA, FL 34239</b> <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	<b>V</b> <b>BIANCHI, PAUL</b> <b>3516 VILLAGE GREEN DRIVE</b> <b>SARASOTA, FL 34239</b> <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	<b>T</b> <b>SMITH, JORDAN</b> <b>3516 VILLAGE GREEN DRIVE</b> <b>SARASOTA, FL 34239</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T Joan Smith</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3516 Village Green Drive</i> <i>Sarasota, FL 34239</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TODD, KATY</b> <b>3516 VILLAGE GREEN DRIVE</b> <b>SARASOTA, FL 34239</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Linda Priebe</i> <i>3516 Village Green Dr.</i> <i>Sarasota, FL 34239</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CUMMINS, JOE</b> <b>3516 VILLAGE GREEN DRIVE</b> <b>SARASOTA, FL 34239</b> <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 empowered.					
<b>SIGNATURE:</b> <i>Paul Bianchi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>2/6/07</i> <small>Date</small>		<i>941-924-8806</i> <small>Daytime Phone #</small>	

40013017



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number **75-3226928** Applied For ☐ Not Applicable ☐

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