

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-28-2008 90030 038 ****61.25

DOCUMENT # N07000004691

1. Entity Name
**SOUTH GATE VILLAGE GREEN CONDOMINIUM,
SECTION TWO, ASSOCIATION, INC.**



Principal Place of Business
**3234 GIFFORD LANE
SARASOTA, FL 34239**

Mailing Address
**3234 GIFFORD LANE
SARASOTA, FL 34239**

60045463



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07242008 Chg-NP CR2E037 (12/06)

4. FEI Number

26-1307442

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

**TRAWICK, HENRY P JR.
2033 WOOD STREET
SUITE 218
SARASOTA, FL 34237**

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 September 12, 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 **D** ☐ Delete
NAME **PITCHER, WILLIAM**
STREET ADDRESS **3234 GIFFORD LANE**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BUCK, PATRICIA**
STREET ADDRESS **3242 GIFFORD LANE**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **✓** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HASKE, JIM**
STREET ADDRESS **3228 GIFFORD LANE**
CITY-ST-ZIP **SARASOTA, FL 34239**

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

TITLE **D** ☐ Delete
NAME **MACOLLY, KAROL**
STREET ADDRESS **3236 GIFFORD LANE**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **T** ☒ Change ☐ Addition
NAME **MACDONALD, KAROL**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **NICOUD, JACQUELINE**
STREET ADDRESS **3226 GIFFORD LANE**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **S** ☐ Change ☒ Addition
NAME **Joan Pitcher**
STREET ADDRESS **3234 Gifford Lane**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Grace Ivanov**
STREET ADDRESS **3247 Fairhaven Lane**
CITY-ST-ZIP **SARASOTA, FL 34239**

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: *Karol A. Macdonald* **Karol A. Macdonald** **7/24/08** **941-870-8147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #