2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N07000004691

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

Current Principal Place of Business:

3234 GIFFORD LANE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3234 GIFFORD LANE
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 26-1307442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	PITCHER, WILLIAM	
Address:	3234 GIFFORD LANE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	V	( ) Delete
Name:	BUCK, PATRICIA	
Address:	3242 GIFFORD LANE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	D	( ) Delete
Name:	HASKE, JIM	
Address:	3228 GIFFORD LANE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	T	( ) Delete
Name:	MACOLLY, KAROL	
Address:	3236 GIFFORD LANE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	S	( ) Delete
Name:	PITCHER, JOAN	
Address:	3234 GIFFORD LANE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	D	( ) Delete
Name:	IVANOV, GRACE	
Address:	3247 FAIRHAVEN LANE	
City-St-Zip:	SARASOTA, FL 34239	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	MACDONALD, KAROL A	
Address:	3236 GIFFORD LANE	
City-St-Zip:	SARASOTA, FL 34239	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAROL A MACDONALD T 04/21/2009

Electronic Signature of Signing Officer or Director — Date