2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
03-06-2006 90020 009 ****61.25

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

Principal Place of Business	Mailing Address
P. O. BOX 5401 SARASOTA, FL 34277-2401	P. O. BOX 5401 SARASOTA, FL 34277-2401

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01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2452979
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MADDOX, JAMES F
3220 SOUTHFIELD LANE
SARASOTA, FL 34239

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MITCHELL, ROBERT
STREET ADDRESS	3288 SOUTH FIELD DR.
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	T
NAME	RUSH, ROBERT E
STREET ADDRESS	3228 SOUTHFIELD LANE
CITY-ST-ZIP	SARASOTA, FL
TITLE	VD
NAME	MADDOX, JAMES
STREET ADDRESS	8220 SOUTH FIELD LANE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	~~WENZLICK, JOE~~ CHUCK SEEVERS
STREET ADDRESS	~~3212 SOUTHFIELD LANE~~ 3272 SOUTHFIELD LANE
CITY-ST-ZIP	~~SARASOTA, FL 34239~~ SARASOTA, FL, 34239
TITLE	D
NAME	BURSEL, JOSEPH
STREET ADDRESS	3258 SOUTHFIELD LANE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	SD
NAME	POOLE, ELLEN
STREET ADDRESS	3211 BRUNSWICK LANE
CITY-ST-ZIP	SARASOTA, FL 34239

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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: J Robert Mitchell J. ROBERT MITCHELL 2/7/06 (941)924-0814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #