


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N08520 1. Entity Name SOUTH GATE VILLAGE GREEN CONDOMINIUM SECTION EIGHT ASSOCIATION, INC.	
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Principal Place of Business P. O. BOX 5401 SARASOTA, FL 34277-2401	Mailing Address P. O. BOX 5401 SARASOTA, FL 34277-2401
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2452979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MADDOX, JAMES F 3220 SOUTHFIELD LANE SARASOTA, FL 34239

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, ROBERT 3288 SOUTH FIELD DR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSH, ROBERT E 3228 SOUTHFIELD LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MADDOX, JAMES 8220 SOUTH FIELD LANE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEVERS, CHUCK 3272 SOUTHFIELD LANE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURSEL, JOSEPH 3258 SOUTHFIELD LANE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POOLE, ELLEN 3211 BRUNSWICK LANE SARASOTA, FL 34239

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U00000630435
02/20/07-80004-020 61.25

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: Robert Mitchell ROBERT MITCHELL PRESIDENT/DIRECTOR 2/3/07 (941) 924-0814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #