


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90177 020 \*\*\*\*61.25

<b>DOCUMENT # N09347</b> 1. Entity Name CENTER GATE ESTATES VILLAGE CONDOMINIUM ASSOCIATION, SECTION IV, INC.			
Principal Place of Business 6146 CLARK CENTER AVE SARASOTA, FL 34238 US		Mailing Address 6146 CLARK CENTER AVE SARASOTA, FL 34238 US	
2. Principal Place of Business - No P.O. Box # 3707 Radnor Place Suite, Apt. #, etc.		3. Mailing Address 3707 Radnor Place Suite, Apt. #, etc.	
City & State Sarasota, FL Zip 34232 Country Sarasota		City & State Sarasota, FL Zip 34232 Country Sarasota	
4. FEI Number 59-2614267		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANAGEMENTS CONCEPTS OF SARASOTA COUNTY IN 6146 CLARK CENTER DR SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name Prokop P.A. Street Address (P.O. Box Number is Not Acceptable) 3707 Radnor Place City Sarasota FL Zip Code 34232	
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 <u>Kenneth D. Prokop</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAEFER, JOHN 4432 CAYO GRANDE DRIVE SARASOTA, FL 34233 <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	SD LETTERS, SARAH 4574 ATWOOD CAY CIR SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT NORMANDIE 4410 CAYO GRANDE SARASOTA, FL 34233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COURVILLE, JAMES 4538 ATWOOD CAY CIRCLE SARASOTA, FL 34233 <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	TD DOUGLASS, JOHN 4546 ATWOOD CAY CIRCLE SARASOTA, FL 34233 <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	D PHILLIPS, GEORGE 4544 ATWOOD CAY CIRCLE SARASOTA, FL 34233 <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.			
SIGNATURE: <u>Robert Normandie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/6/07</u> Daytime Phone # <u>941-377-4892</u>	