

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 05, 2007
Secretary of State

DOCUMENT# N11301

Entity Name: CENTER GATE ESTATES VILLAGE CONDOMINIUM ASSOCIATION, SECTION V, INC.**Current Principal Place of Business:**2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US**New Principal Place of Business:****Current Mailing Address:**2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US**New Mailing Address:****FEI Number:** 59-2669985**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044 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:** PD () Delete
Name: KELLEY, ALBERT T
Address: 4526 LAKECREST PL
City-St-Zip: SARASOTA, FL 34233**Title:** D (X) Delete
Name: MCINTIRE, NANCY
Address: 4585 LAKECREST PL
City-St-Zip: SARASOTA, FL 34233**Title:** SD () Delete
Name: NICHOLSON, LOIS
Address: 4577 LAKE CREST PLACE
City-St-Zip: SARASOTA, FL 34233**Title:** TD () Delete
Name: JOHNSON, BASIL C
Address: 4561 LAKECREST PLACE
City-St-Zip: SARASOTA, FL 34233**Title:** VPD (X) Delete
Name: JEFFERS, JACK
Address: 4565 LAKECREST PLACE
City-St-Zip: SARASOTA, FL 34233**Title:** D (X) Delete
Name: HALL, THOMAS
Address: 4551 LAKECREST PLACE
City-St-Zip: SARASOTA, FL 34233**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: KELLEY, ALBERT T
Address: 4526 LAKECREST PLACE
City-St-Zip: SARASOTA, FL 34233**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: NICHOLSON, LOIS
Address: 4577 LAKECREST PLACE
City-St-Zip: SARASOTA, FL 34233**Title:** VPTD (X) Change () Addition
Name: JOHNSON, BASIL C
Address: 4561 LAKECREST PLACE
City-St-Zip: SARASOTA, FL 34233**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: ALBERT T KELLEY

PD

07/05/2007

Electronic Signature of Signing Officer or Director

Date