

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11301

FILED
Apr 17, 2008
Secretary of State

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 PLACE
City-St-Zip: SARASOTA, FL 34233

Title: SD () Delete
Name: NICHOLSON, LOIS
Address: 4577 LAKECREST PLACE
City-St-Zip: SARASOTA, FL 34233

Title: VPTD () Delete
Name: JOHNSON, BASIL C
Address: 4561 LAKECREST PLACE
City-St-Zip: SARASOTA, FL 34233

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KELLEY, ALBERT T
Address: 4526 LAKECREST PLACE
City-St-Zip: SARASOTA, FL 34233

Title: PD (X) Change () Addition
Name: LESMERISES, JOESPH
Address: 4514 LAKECREST PLACE
City-St-Zip: SARASOTA, FL 34233

Title: SD (X) Change () Addition
Name: VENDELAND, DALE
Address: 4519 LAKECREST PLACE
City-St-Zip: SARASOTA, FL 34233

Title: TD () Change (X) Addition
Name: MCKENZIE, IAN
Address: 4510 LAKECREST PL
City-St-Zip: SARASOTA, FL 34233

Title: VPD () Change (X) Addition
Name: MAYER, ROBERT
Address: 4535 LAKECREST PL
City-St-Zip: SARASOTA, FL 34233

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: JOSEPH LESMERISES

PD

04/17/2008

Electronic Signature of Signing Officer or Director

Date