


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90134 043 ****61.25

DOCUMENT # N20603	
1. Entity Name	
CENTER GATE ESTATES VILLAGE CONDOMINIUM ASSOCIATION, SECTION VII, INC.	

Principal Place of Business	Mailing Address
5766 BRONX AVENUE STE A SARASOTA FL 34231 US	5766 BRONX AVENUE STE A SARASOTA FL 34231 US

2. Principal Place of Business	3. Mailing Address
6146 Clark Center Ave Suite, Apt. #, etc.	6146 Clark Center Ave Suite, Apt. #, etc.

City & State	City & State
Sarasota FL	Sarasota FL
Zip	Zip
34238	34238
Country	Country
USA	USA



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For	
65-0017286		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent			
MANAGEMENT CONCEPTS OF SARASOTA COUNTY 5766 BRONX AVENUE STE A SARASOTA FL 34231			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
6146 Clark Center Ave			
City			
Sarasota FL Zip Code 34238			

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, GARY	NAME	
STREET ADDRESS	4549 LAKE VISTA DR.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE, MICHAEL	NAME	
STREET ADDRESS	4580 LAKE VISTA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, RAYMOND	NAME	VSD STEARNS, ROBERT
STREET ADDRESS	5778 LAKE BREEZE COURT	STREET ADDRESS	4567 LAKE VISTA DRIVE
CITY-ST-ZIP	SARASOTA FL 34233	CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gary K. Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05

Date

941-922-5522

Daytime Phone #