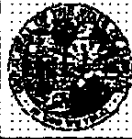


FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90013 023 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N20603			
1. Entity Name CENTER GATE ESTATES VILLAGE CONDOMINIUM ASSOCIATION, SECTION VII, 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 # 4920 Fruitville Road		3. Mailing Address 4920 Fruitville Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34232		Country Sarasota	
4. FEI Number 65-0017286		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANAGEMENT CONCEPTS OF SARASOTA COUNTY 6146 CLARK CENTER AVE SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name Ma-Con, Inc. Street Address (P.O. Box Number is Not Acceptable) 4920 Fruitville Road 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>Warren Weil</u> <u>WARREN WEIL</u> DATE <u>4/16/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	TD COX, GARY 4649 LAKE VISTA DR. SARASOTA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONAHUE, MICHAEL 4680 LAKE VISTA DRIVE SARASOTA, FL 34233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STEARNS, ROBERT 4667 LAKE VISTA DRIVE SARASOTA, FL 34233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>Warren Weil</u>		04-18-07 <u>Treasure</u>	