2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20603

FILED Apr 14, 2009 Secretary of State

Entity Name: CENTER GATE ESTATES VILLAGE CONDOMINIUM ASSOCIATION, SECTION VII, INC. **Current Principal Place of Business: New Principal Place of Business:** 4920 FRUITVILLE ROAD SARASOTA, FL 34232 US **Current Mailing Address: New Mailing Address:** 4920 FRUITVILLE ROAD SARASOTA, FL 34232 US FEI Number: 65-0017286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MA-CON, INC 4920 FRÚITVILLE ROAD SARASOTA, FL 34232 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COX. GARY Name: Name: Address: 4549 LAKE VISTA DR. Address: City-St-Zip: SARASOTA, FL City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: DONAHUE, MICHAEL Name: Address: 4580 LAKE VISTA DRIVE Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: Title: VSD () Delete Title: () Change () Addition STEARNS, ROBERT Name: Name: 4567 LAKE VISTA DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34233 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: MICHAEL DONAHUE PD 04/14/2009