

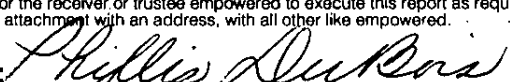


FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N26925 1. Entity Name SOUTH GATE COMMUNITY ASSOCIATION, INC.				Apr 25, 2008 08:00 Secretary of State	
Principal Place of Business SOUTH GATE COMM ASSN 3145 SOUTH GATE CIRCLE SARASOTA, FL 34239		Mailing Address SOUTH GATE COMM ASSN 3145 SOUTH GATE CIRCLE SARASOTA, FL 34239			
DO NOT WRITE IN THIS SPACE				04192008 No Chg-NP CR2E037 (4/06)	
				4. FEI Number 68-0608951	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, TODD 2226 ALPINE TERRACE SARASOTA, FL 34239				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD GOODMAN, TODD 2226 ALPINE AVE SARASOTA, FL 34239			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1VD MACAULAY, DELMAR 3352 TANGLEWOOD DR SARASOTA, FL 34239			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D LUEDEKA, BOB 2400 TUTTLE TERRACE SARASOTA, FL 34239			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD DUBOIS, PHYLLIS 3218 S SCHOOL AVENUE SARASOTA, FL 34239			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2VP NEWHAMS, MICHAEL 2323 ALPINE AVE SARASOTA, FL 34239			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: 		4/23/08 941-955-4597			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			