# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # N29380

1. Entity Name
COURTYARD VILLAS AT CENTER GATE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4086-B CENTERPOINTE PLACE<br>SARASOTA, FL 34233 | 4086-B CENTERPOINTE PLACE<br>SARASOTA, FL 34233 |

01032007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0096394

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, GERTRUDE
4161 CENTER POINT CIR.
SARASOTA, FL 34233

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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 Gertrude Miller Gertrude Miller 1-8-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000583133
01/11/07-80059-008 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | VD |
| NAME | KURLANDER, JUDY |
| STREET ADDRESS | 4163 CENTER POINT CIR. |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | D |
| NAME | MILLER, GERTRUDE |
| STREET ADDRESS | 4161 CENTER POINTE CIR. |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | T |
| NAME | MATSES, JOANNE |
| STREET ADDRESS | 4132 CENTER CIRCLE |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | P |
| NAME | HARTMANN, JOAN |
| STREET ADDRESS | 4171 CENTER POINTE CIRCLE |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | S |
| NAME | STACHEL, PAT |
| STREET ADDRESS | 4004 CENTER CIRCLE |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** Joan Hartmann President Joan Hartmann 1/8/07 (941) 377-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #