



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N29380</b>		
1. Entity Name COURTYARD VILLAS AT CENTER GATE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 4086-B CENTERPOINTE PLACE SARASOTA, FL 34233	Mailing Address 4086-B CENTERPOINTE PLACE SARASOTA, FL 34233	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01042008 No Chg-NP CR2E037 (4/06)
		4. FEI Number 65-0096394
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  MILLER, GERTRUDE 4161 CENTER POINT CIR. SARASOTA, FL 34233		<b>DO NOT WRITE IN THIS SPACE</b>
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>X Gertrude Miller</u> <u>Gertrude Miller</u> <u>1-14-08</u> <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KURLANDER, JUDY 4183 CENTER POINT CIR. SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GERTRUDE 4161 CENTER POINTE CIR. SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATSES, JOANNE 4132 CENTER CIRCLE SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMANN, JOAN 4171 CENTER POINTE CIRCLE SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STACHEL, PAT 4004 CENTER CIRCLE SARASOTA, FL 34233	
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: <u>X Joan Hartmann</u> <u>Joan Hartmann</u> <u>Jan 14, 2008</u> <u>941-371-5888</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		