

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29380

FILED
Jan 07, 2009
Secretary of State

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

Current Principal Place of Business:

4086-B CENTERPOINTE PLACE
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4086-B CENTERPOINTE PLACE
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0096394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: KURLANDER, JUDY
Address: 4163 CENTER POINT CIR.
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: MILLER, GERTRUDE
Address: 4161 CENTER POINTE CIR.
City-St-Zip: SARASOTA, FL 34233

Title: T () Delete
Name: MATSES, JOANNE
Address: 4132 CENTER CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: P () Delete
Name: HARTMANN, JOAN
Address: 4171 CENTER POINTE CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: STACHEL, PAT
Address: 4004 CENTER CIRCLE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STACHEL, PATRICIA
Address: 4004 CENTER POINTE PLACE
City-St-Zip: SARASOTA, FL 34233

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: GERTRUDE MILLER

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date