


FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005472 (6)**

1. Corporation Name

SOUTH GATE VILLAGE GREEN CONDOMINIUM SECTION THREE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3636 VILLAGE GREEN DRIVE
SARASOTA FL 34239**

**3636 VILLAGE GREEN DRIVE
SARASOTA FL 34239**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1321257	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**LOBECK, DANIEL J
2083 MAIN STREET
SUITE 101
SARASOTA FL 34237**

81	Name	Lobeck, Daniel J			
82	Street Address (P.O. Box Number is Not Acceptable)	2083 Main Street, Suite 301			
83					
84	City	Sarasota	85	Zip Code	FL 34237

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTISS-DILLON, ELAINE	1.2 NAME	
STREET ADDRESS	3636 VILLAGE GREEN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKAU, IRMA	2.2 NAME	Antoinette Anzelone
STREET ADDRESS	3259 GIFFORD LANE	2.3 STREET ADDRESS	3254 Suffolk Lane
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota FL 34239
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKAU, IRMA	3.2 NAME	Antoinette Anzelone
STREET ADDRESS	3259 GIFFORD LANE	3.3 STREET ADDRESS	3254 Suffolk Lane
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, MARY	4.2 NAME	Calvin Anzelone
STREET ADDRESS	3261 GIFFORD LANE	4.3 STREET ADDRESS	3254 Suffolk Lane
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRIGAN, MARILYN	5.2 NAME	
STREET ADDRESS	3656 VILLAGE GREEN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Edward Corrigan
STREET ADDRESS		6.3 STREET ADDRESS	3656 Village Green Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sarasota, FL 34239

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elaine Curdison

CR25037 (10/97)