

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/1/0

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90022 017 \*\*\*\*61.25

**DOCUMENT # N93000005472**

1. Entity Name

**SOUTH GATE VILLAGE GREEN CONDOMINIUM SECTION THREE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3289 GIFFORD LN - 3636 Village Green Drive SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1321257**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOBECK, DANIEL J  
 2033 MAIN STREET  
 SUITE 301  
 SARASOTA FL 34237**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>FV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CURTISS-DILLON, ELAINE</b>	
STREET ADDRESS	<b>3636 VILLAGE GREEN DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HAUN, MARY</b>	
STREET ADDRESS	<b>3289 GIFFORD LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANZELONE, CALVIN</b>	
STREET ADDRESS	<b>3254 SUFFOLK LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CORRIGAN, EDWARD</b>	
STREET ADDRESS	<b>3656 VILLAGE GREEN DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CORRIGAN, MARILYN</b>	
STREET ADDRESS	<b>3656 VILLAGE GREEN DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>Anzelone, Antoinette</b>	
STREET ADDRESS	<b>3254 Suffolk Lane</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TREASURER / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECOND VICE PRESIDENT / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President / Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECRETARY / DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANZELONE, ANTOINETTE</b>	
STREET ADDRESS	<b>3254 SUFFOLK LANE</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 employment.

SIGNATURE: *MARY HAUN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/20/02* *941-923-6196*  
 Date Daytime Phone #

CR2E037 (9/01)