


NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90253 009 ****61.25

| | |
|---|---|
| DOCUMENT # <i>N 93000005472</i> |  |
| 1. Entity Name <i>SOUTHGATE VILLAGE GREEN CONDOMINIUM SECTION THREE ASSOCIATION, INC</i> | |

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| | | | |
|---|-----------------------|--|-----------------------|
| 2. Principal Place of Business <i>3289 GIFFORD LN.</i> | | 3. Mailing Address <i>3289 GIFFORD LN</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <i>SARASOTA FL</i> | | City & State <i>SARASOTA FL</i> | |
| Zip <i>34239</i> | Country <i>USA</i> | Zip <i>34239</i> | Country <i>USA</i> |

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CR2E037B (8/05)

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|--|---|--|--|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number <i>59-1321257</i> | | Applied For <input type="checkbox"/> Not Applicable |
| | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| | 7. Name and Address of Current Registered Agent | | |
| | Name <i>DANIEL J LOBECK</i> | | |
| Street Address (P.O. Box Number is Not Acceptable) <i>2033 MAIN ST.</i> | | | |
| City <i>SARASOTA</i> | | | Zip Code <i>FL 34239</i> |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|--|
| FEE IS \$61.25 Initial or Amended AR | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | | | |
|---|----------------------------|----------------|--|
| TITLE <i>PD</i> | <i>PRESIDENT</i> | TITLE | |
| NAME <i>CORRIGAN, MARILYN</i> | | NAME | |
| STREET ADDRESS <i>3656 VILLAGE GREEN DRIVE</i> | | STREET ADDRESS | |
| CITY-ST-ZIP <i>SARASOTA, FL 34239</i> | | CITY-ST-ZIP | |
| TITLE <i>VICE PRESIDENT</i> | <i>HOLDSWORTH, RON</i> | TITLE | |
| NAME <i>HOLDSWORTH, RON</i> | | NAME | |
| STREET ADDRESS <i>3636 VILLAGE GREEN DRIVE</i> | | STREET ADDRESS | |
| CITY-ST-ZIP <i>SARASOTA, FL 34239</i> | | CITY-ST-ZIP | |
| TITLE <i>VICE PRESIDENT</i> | <i>ANZELONE, CALVIN</i> | TITLE | |
| NAME <i>ANZELONE, CALVIN</i> | | NAME | |
| STREET ADDRESS <i>3254 SUFFOLK LANE</i> | | STREET ADDRESS | |
| CITY-ST-ZIP <i>SARASOTA, FL 34239</i> | | CITY-ST-ZIP | |
| TITLE <i>SECRETARY</i> | <i>ANZELONE ANTOINETTE</i> | TITLE | |
| NAME <i>ANZELONE ANTOINETTE</i> | | NAME | |
| STREET ADDRESS <i>3254 SUFFOLK LANE</i> | | STREET ADDRESS | |
| CITY-ST-ZIP <i>SARASOTA, FL 34239</i> | | CITY-ST-ZIP | |
| TITLE <i>TREASURER</i> | <i>HAUN, MARY</i> | TITLE | |
| NAME <i>HAUN, MARY</i> | | NAME | |
| STREET ADDRESS <i>3289 GIFFORD LANE</i> | | STREET ADDRESS | |
| CITY-ST-ZIP <i>SARASOTA, FL 34239</i> | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *MARY HAUN* *MARY HAUN* *4/29/06* *941-923-1196*