

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005472

1. Entity Name

SOUTH GATE VILLAGE GREEN CONDOMINIUM
SECTION THREE ASSOCIATION, INC.



Principal Place of Business

3289 GIFFORD LN.
SARASOTA, FL 34239

Mailing Address

3289 GIFFORD LN.
SARASOTA, FL 34239

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP

CR2E037 (4/06)

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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

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

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HAUN, MARY
STREET ADDRESS	3289 GIFFORD LANE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	VD
NAME	ANZELONE, CALVIN
STREET ADDRESS	3254 SUFFOLK LANE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	P
NAME	HOLDSWORTH, RON
STREET ADDRESS	3636 VILLAGE GREEN DR
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	S
NAME	ANZELDNE, ANTONETTE
STREET ADDRESS	3254 SUFFOLK LANE
CITY-ST-ZIP	SARASOTA, FL 34239

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IN THIS SPACE**

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:

Mary Haun MARY HAUN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/08

Date

941-923-6196

Daytime Phone #