

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90098 039 ****61.25

DOCUMENT # N93000005472

1. Entity Name

SOUTH GATE VILLAGE GREEN CONDOMINIUM SECTION THREE ASSOCIATION, INC.



Principal Place of Business

**3636 VILLAGE GREEN DRIVE
SARASOTA FL 34239**

Mailing Address

**3636 VILLAGE GREEN DRIVE
SARASOTA FL 34239**

22004362



2. Principal Place of Business

3272 SUFFOLK LANE

3. Mailing Address

3272 SUFFOLK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number **59-1321257**

Applied For

Not Applicable

Zip

34239

Country

USA

Zip

34239

Country

USA

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**

7. Name and Address of New Registered Agent

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **HAUN, MARY**
STREET ADDRESS **3289 GIFFORD LANE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **VPD** ☐ Delete
NAME **ANZELONE, CALVIN**
STREET ADDRESS **3254 SUFFOLK LANE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **VPD** ☒ Delete
NAME **CORRIGAN, EDWARD**
STREET ADDRESS **3656 VILLAGE GREEN DRIVE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **PD** ☐ Delete
NAME **CORRIGAN, MARILYN**
STREET ADDRESS **3656 VILLAGE GREEN DRIVE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **SD** ☐ Delete
NAME **ANZELONE, ANTOINETTE**
STREET ADDRESS **3254 SUFFOLK LANE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition
NAME **FRANK LABRYERE**
STREET ADDRESS **3272 SUFFOLK LANE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **VPD** ☐ Change ☐ Addition
NAME **ANZELONE, CALVIN**
STREET ADDRESS **3254 SUFFOLK LANE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **VPD** ☒ Change ☐ Addition
NAME **BORON, Mike**
STREET ADDRESS **3252 SUFFOLK**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **PD** ☐ Change ☐ Addition
NAME **CORRIGAN, MARILYN**
STREET ADDRESS **3656 VILLAGE GREEN**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **SD** ☐ Change ☐ Addition
NAME **ANZELONE, ANTOINETTE**
STREET ADDRESS **3254 SUFFOLK LANE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Frank Labryere* **991-921-4277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)