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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000007 (2)**

1. Corporation Name

SOUTHGATE CIRCLE BUSINESS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3240 SOUTHGATE CIRCLE
SARASOTA FL 34236**

**3240 SOUTHGATE CIRCLE
SARASOTA FL 34239-5514**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1996		3a. Date of Last Report	
21		26		4. FEI Number 63-0648552		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEUBAUER, CHARLES
3240 SOUTHGATE CIRCLE
SARASOTA FL 34236**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUBAUER, CHARLES		1.2 NAME	
STREET ADDRESS	3240 SOUTHGATE CIRCLE		1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34239		1.4 CITY - ST - ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLETT, MARK		2.2 NAME	
STREET ADDRESS	3120 SOUTHGATE CIRCLE		2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34239		2.4 CITY - ST - ZIP	
TITLE	VTD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, SUE		3.2 NAME	BRADLEY, SUE
STREET ADDRESS	3148 SOUTHGATE CIRCLE		3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34239		3.4 CITY - ST - ZIP	
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUBAUER, TERRLYNN		4.2 NAME	
STREET ADDRESS	C/O 3240 SOUTHGATE CIRCLE		4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34236		4.4 CITY - ST - ZIP	
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, PAMALA S		5.2 NAME	
STREET ADDRESS	3212 SOUTH GATE CIRCLE		5.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 34239-5514		5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 unchanged, or on an attachment with an address.

SIGNATURE:  **04/21/97** **941 955 8626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Pamela S. Roberts** Daytime Phone # **0063631**

CR2E037 (9/96)