

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **727952** (4)

1. Corporation Name

SOUTHGATE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3605 S. OCEAN BLVD.
SOUTH PALM BEACH FL 33480**

**3605 S. OCEAN BLVD.
SOUTH PALM BEACH FL 33480**



3. Date Incorporated or Qualified

11/06/1973

3a. Date of Last Report

06/21/1995

4. FEI Number

59-1520099

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SCHULMAYER, PATRICIA
3605 S.OCEAN BLVD.
PALM BCH FL 33480**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**SD
SCHULMAYER, PATRICIA
3605 S OCEAN BLVD
S PALM BEACH, FL 00000**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**P
GORDON, EDWARD
3605 S OCEAN BLVD
S PALM BEACH, FL 00000**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VP
SALTZMAN, CY
3605 S OCEAN BLVD
S PALM BEACH, FL 00000**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**T
CARTER, LEONARD
3605 S OCEAN BLVD
S PALM BEACH, FL 00000**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
GOFSEYEFF, SAM
3605 S OCEAN BLVD
S PALM BEACH, FL 00000**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**D
COHEN, MORRIE
3605 S OCEAN BLVD.
S. PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

**VP
SCHULMAYER, PATRICIA
3605 S. OCEAN BLVD.
S. PALM BEACH, FL 33480**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☒ Addition

**D
GALGANO, JOHN
3605 S. OCEAN BLVD
S. PALM BEACH, FL 33480**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☒ Change ☐ Addition

**D
SALTZMAN, CY
3605 S. OCEAN BLVD
S. PALM BEACH, FL 33480**

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☒ Addition

**T
LEAST, PAUL
3605 S. OCEAN BLVD.
S. PALM BEACH, FL 33480**

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☒ Change ☐ Addition

**S
GOFSEYEFF, SAM
3605 S. OCEAN BLVD
S. PALM BEACH, FL 33480**

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☒ Addition

**D
HABER, HERBERT
3605 S. OCEAN BLVD
S. PALM BEACH, FL 33480**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)