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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33480-5879

3. Date Incorporated or Qualified 11/06/1973
3a. Date of Last Report 02/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1520099 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
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 Schulmayr, Patricia 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 Patricia Schulmayr - President
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHULMAYER, PATRICIA		1.2 NAME Galgano, John J.	
STREET ADDRESS 3605 S OCEAN BLVD		1.3 STREET ADDRESS 3605 S Ocean Blvd	
CITY-ST-ZIP S PALM BEACH, FL 00000		1.4 CITY-ST-ZIP S Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GORDON, EDWARD		2.2 NAME Ochs, George	
STREET ADDRESS 3605 S OCEAN BLVD		2.3 STREET ADDRESS 3605 S. ocean Blvd	
CITY-ST-ZIP S PALM BEACH, FL 00000		2.4 CITY-ST-ZIP S Palm Beach, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALTZMAN, CY		3.2 NAME Schulmayr, Patricia	
STREET ADDRESS 3605 S OCEAN BLVD		3.3 STREET ADDRESS 3605 S Ocean Blvd	
CITY-ST-ZIP S PALM BEACH, FL 00000		3.4 CITY-ST-ZIP S Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEAST, PAUL		4.2 NAME Estrin, Annette	
STREET ADDRESS 3605 S OCEAN BLVD		4.3 STREET ADDRESS 3605 S. Ocean Blvd.	
CITY-ST-ZIP S. PALM BEACH FL		4.4 CITY-ST-ZIP S. Palm Beach, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOFSEYEFF, SAM		5.2 NAME	
STREET ADDRESS 3605 S OCEAN BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP S PALM BEACH, FL 00000		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HABER, HERBERT		6.2 NAME	
STREET ADDRESS 3605 S OCEAN BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP S. PALM BEACH FL		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 if changed, or on an attachment with an address.

SIGNATURE: Patricia Schulmayr 2/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davtime Phone # 0000000

CR2E037 (9/96)