## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Jan 28, 2005 8:00 am **Secretary of State** DOCUMENT # 727952 01-28-2005 90017 014 \*\*\*\*61.25 SOUTHGATE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40007925 3605 S. OCEAN BLVD. 3605 S. OCEAN BLVD. SOUTH PALM BEACH, FL 33480 SOUTH PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Cha-NP CR2E037 (10/03) 4. FEI Number 59-1520099 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHULMAYR, PATRICIA 3605 S.OCEAN BLVD. Street Address (P.O. Box Number is Not Acceptable) PALM BCH, FL 33480 City 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 Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition SCHULMAYR, PATRICIA NAME NAME 3605 S OCEAN BLVD STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP S-PLAM BEACH, FL 33480 CITY-ST-ZIP SOUTH PAIM BEACH TITLE TITLE Delete ☐ Change ☐ Addition OCHS, GEORGE NAME NAME 3605 S OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTH PALM BEACH, FL 33480 CITY-ST-ZIP Delete ☐ Change Addition PARADOWSKI PATRICIA NAME NAME Hulda Edelstein STREET ADDRESS 3605 S OCEAN BLVD 3605 S OCEAN BIVE. STREET ADDRESS SOUTH PALM BEACH, FL 33480 CITY-ST-ZIP CITY-ST-ZIP SOUTH PAIM BEACH OL 33480 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HABER, HERBERT NAME NAME STREET ADDRESS 3605 S OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP S. PALM BEACH, FL CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition GALGANO, JOHN J NAME 3605 S OCEAN BLVD STREET ADDRESS STREET ADDRESS SOUTH PALM BEACH, FL 33480 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WRONSKY, EDWARD Z NAME NAME 3605 S OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTH PALM BEACH, FL 33480 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attachagent with an address, with all other like empowered.

FILED

26/05