


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000008540 1. Entity Name TOWNGATE CONDOMINIUM ONE ASSOCIATION, INC.	
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Principal Place of Business 888 KINGMAN ROAD HOMESTEAD, FL 33035	Mailing Address 888 KINGMAN ROAD HOMESTEAD, FL 33035
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01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1070053	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE, STE. 1102 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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 re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEUTSCH, MICHAEL 2201 SE 26TH LN HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWELL, TIFFANY 2207 SE 26 LANE HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EASONM, CATHY 2232 SE 26TH LN HOMESTEAD, FL 33035
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/07-80056-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **President** 1/31/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #