

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008540

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** TOWNGATE CONDOMINIUM ONE ASSOCIATION, INC.

**Current Principal Place of Business:**

888 KINGMAN ROAD  
HOMESTEAD, FL 33035

**New Principal Place of Business:**

1541 SE 12 AVE  
SUITE # 37  
HOMESTEAD, FL 33034

**Current Mailing Address:**

888 KINGMAN ROAD  
HOMESTEAD, FL 33035

**New Mailing Address:**

1541 SE 12 AVE  
SUITE # 37  
HOMESTEAD, FL 33034

**FEI Number:** 65-1070053

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE, STE. 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEUTSCH, MICHAEL  
Address: 2201 SE 26TH LN  
City-St-Zip: HOMESTEAD, FL 33035

Title: VPD ( ) Delete  
Name: POWELL, TIFFANY  
Address: 2207 SE 26 LANE  
City-St-Zip: HOMESTEAD, FL 33035

Title: STD ( ) Delete  
Name: EASONM, CATHY  
Address: 2232 SE 26TH LN  
City-St-Zip: HOMESTEAD, FL 33035

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: EASON, CATHY  
Address: 2232 SE 26TH LN  
City-St-Zip: HOMESTEAD, FL 33035

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLANCA SAENZ

AGEN

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date