

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 30, 2009
Secretary of State**

DOCUMENT# N03000003011

Entity Name: TOWNGATE CONDOMINIUM SEVEN ASSOCIATION, INC.

Current Principal Place of Business:

888 KINGMAN RD
HOMESTEAD, FL 33035

New Principal Place of Business:

1541 SE 12 AVE
SUITE # 37
HOMESTEAD, FL 33034

Current Mailing Address:

888 KINGMAN RD
HOMESTEAD, FL 33035

New Mailing Address:

1541 SE 12 AVE
SUITE # 37
HOMESTEAD, FL 33034

FEI Number: 01-0776995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD
201 ALHAMBRA CIRCLE
SUOTE 1102
MIAMI, 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: O'CONNOR, MICHEAL
Address: 2302 SE 24 AVE
City-St-Zip: HOMESTEAD, FL 33035

Title: VPD () Delete
Name: GONZALEZ, AUDREA
Address: 2314 SW 24 AVE
City-St-Zip: HOMESTEAD, FL 33035

Title: ST () Delete
Name: LOPEZ, RAYMOND
Address: 2332 SW 24 AVE
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: O'CONNOR, MICHAEL
Address: 2302 SE 24 AVE
City-St-Zip: HOMESTEAD, FL 33035

Title: VPD (X) Change () Addition
Name: REIDY, MARTHA
Address: 1541 SE 12 AVE
City-St-Zip: HOMESTEAD, FL 33034

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

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