

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90012 045 ****61.25

DOCUMENT # N03000004165

1. Entity Name
TOWNGATE CONDOMINIUM NINE ASSOCIATION, INC.



Principal Place of Business
**888 KINGMAN ROAD
HOMESTEAD, FL 33035**

Mailing Address
**888 KINGMAN ROAD
HOMESTEAD, FL 33035**

APPROVED BY: [Signature]
CK # 64 CK DATE 3/18/05 MAIL DATE 3/29/05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092005 Chg-NP CR2E037 (10/03)

4. FEI Number
55-0836417

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATRICIA KIMBALL FLETCHER PA
C/O DUANE MORRIS LLP
200 SOUTH BISCAYNE BLVD SUITE 3400
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GLEBER, PATRICK	
STREET ADDRESS	888 KINGMAN ROAD	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LATTERNER, PAIGE M	
STREET ADDRESS	888 KINGMAN ROAD	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, JERRY	
STREET ADDRESS	888 KINGMAN ROAD	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATE TOPPER	
STREET ADDRESS	2314 SE 23 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN MORRIS	
STREET ADDRESS	2320 SE 23 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE	SEC/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IVAN BOILER	
STREET ADDRESS	2320 SE 23 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE: Kathryn E. Topper KATHRYN TOPPER Pres. 3/21/05 305-234-6203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #