


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90010 032 ****61.25

DOCUMENT # N03000008109					
1. Entity Name TOWNGATE CONDOMINIUM THIRTEEN ASSOCIATION, INC.					
Principal Place of Business 888 KINGMAN RD HOMESTEAD, FL 33035			Mailing Address 888 KINGMAN RD HOMESTEAD, FL 33035		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0781410	
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, SUITE 1102 CORAL GABLES, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SURLESS, SHAMUS 2219 S.E. 23 ROAD HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bombino-Ruiz, Claudette 2221 S.E. 23 Road Homestead FL 33035
Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BOMBINO RUIZ, CLAUDETTE 2227 S.E. 23 ROAD HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Surless, Alicia 2219 S.E. 23 Road Homestead FL 33035
Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERNANDEZ, JORGE 2206 S.E. 23 ROAD HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Cabrera Raul 2210 S.E. 23 Rd. Homestead FL 33035
Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Change <input type="checkbox"/> Addition <input type="checkbox"/>					
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: <u>X Claudette B. Ruiz</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				X 2/23/0205-230.0000 Date Daytime Phone #	