2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006186

City-St-Zip: HERNANDO, FL 34442

FILED Mar 13, 2009 Secretary of State

Entity Name: SOUTHGATE VILLAS P.O.A., INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	SEX AVENUE OO, FL 34442						
Current Mailing Address:			New Maili	New Mailing Address:			
	SEX AVENUE OO, FL 34442						
FEI Number: 20-3107003 FEI Number Applied For ()			FEI Number Not Appl	Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	C D SEX AVENUE DO, FL 34442	US					
The above in the State	named entity s e of Florida.	ubmits this statement for the	purpose of changing i	ts registered of	ffice or registered agent,	or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent			jent		Date		
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () ABEL, ERIC D 2476 N ESSEX HERNANDO, FL		Title: Name: Address: City-St-Zip:	PD (X) ABEL, ERIC D 2476 N ESSEX HERNANDO, FL			
Title: Name: Address: City-St-Zip:	D () PASTOR, JOHN 2476 N ESSEX HERNANDO, FL	AVENUE	Title: Name: Address: City-St-Zip:	TD (X) PASTOR, JOHN 2476 N ESSEX HERNANDO, FL	AVENUE		
Title: Name: Address: City-St-Zip:	DRISKILL, DEB 2476 N ESSEX / HERNANDO, FL	34442	Title: Name: Address: City-St-Zip:	DRISKILL, DEB 2476 N ESSEX HERNANDO, FL	AVENUE . 34442		
Title: Name: Address:	D () LAMB, RONALD 1678 W. LAURE	Delete L GLEN PATH	Title: Name: Address:	()	Change () Addition		

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.

City-St-Zip:

SIGNATURE: ERIC D. ABEL 03/13/2009 DIR