

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21421

1. Entity Name

TOWNES OF SOUTHGATE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

238 N WESTMONTE DRIVE
SUITE 260
ALTAMONTE SPRINGS FL 32714
US

P.O. BOX 160386
ALTAMONTE SPRINGS FL 32716-0386
US

2. Principal Place of Business

225 S. Westmonte Drive.

3. Mailing Address

P.O. Box 161606

Suite, Apt. #, etc.

Suite 2050

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number

59-2926745

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

32714

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOMACK, ELLEN R

238 N WESTMONTE DRIVE

SUITE 260

ALTAMONTE SPRINGS FL 32714

Name

Ellen R. Womack

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

225 S. Westmonte Drive

Suite 2050

City

Altamonte Springs

FL

Zip Code

32714

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.

SIGNATURE

Ellen R. Womack

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DP
STREET ADDRESS SHEEHAN, TERRY
CITY-ST-ZIP 4678 PEMBROOK PLACE
ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME B
STREET ADDRESS HOLMES, RUSSELL
CITY-ST-ZIP 4696 PEMBROOK PL.
ORLANDO FL 32811

TITLE ☒ Change ☐ Addition
NAME DV
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME B
STREET ADDRESS SIEMBOR, JULIE
CITY-ST-ZIP 4866 PEMBROOK PL
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME DS/T
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME DV
STREET ADDRESS POTYRAJ, MICHAEL
CITY-ST-ZIP 4842 NORMANDY PLACE
ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS CHU, ANDREW
CITY-ST-ZIP 4613 GATE PLACE
ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jerry Shih President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 April 2000

Date

(407) 648-2530

Daytime Phone #

CR2E037 (9/99)