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Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 727952 (4)

1. Corporation Name

SOUTHGATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3605 S. OCEAN BLVD.  
SOUTH PALM BEACH FL 334803605 S. OCEAN BLVD.  
SOUTH PALM BEACH FL 33480-58793. Date Incorporated or Qualified  
11/06/19733a. Date of Last Report  
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULMAYER, PATRICIA  
3605 S.OCEAN BLVD.  
PALM BCH FL 33480

81 Name

Schulmayr, Patricia

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Patricia Schulmayr - President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHULMAYER, PATRICIA	
STREET ADDRESS	3605 S OCEAN BLVD	
CITY - ST - ZIP	S PALM BEACH, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, EDWARD	
STREET ADDRESS	3605 S OCEAN BLVD	
CITY - ST - ZIP	S PALM BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALTZMAN, CY	
STREET ADDRESS	3605 S OCEAN BLVD	
CITY - ST - ZIP	S PALM BEACH, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LEAST, PAUL	
STREET ADDRESS	3605 S OCEAN BLVD	
CITY - ST - ZIP	S. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOFSEYEFF, SAM	
STREET ADDRESS	3605 S OCEAN BLVD	
CITY - ST - ZIP	S PALM BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HABER, HERBERT	
STREET ADDRESS	3605 S OCEAN BLVD.	
CITY - ST - ZIP	S. PALM BEACH FL	

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Galgano, John J.	
1.3 STREET ADDRESS	3605 S Ocean Blvd	
1.4 CITY - ST - ZIP	S Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	T	
2.2 NAME	Ochs, George	
2.3 STREET ADDRESS	3605 S. ocean Blvd	
2.4 CITY - ST - ZIP	S Palm Beach, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	P	
3.2 NAME	Schulmayr, Patricia	
3.3 STREET ADDRESS	3605 S Ocean Blvd	
3.4 CITY - ST - ZIP	S Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	
4.2 NAME	Estrin, Annette	
4.3 STREET ADDRESS	3605 S. Ocean Blvd.	
4.4 CITY - ST - ZIP	S. Palm Beach, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Schulmayr 2/7/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032722

CR2E037 (9/96)