

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727952

1. Entity Name

SOUTHGATE CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90312 007 ****61.25

Principal Place of Business	Mailing Address
3605 S. OCEAN BLVD. SOUTH PALM BEACH FL 33480	3605 S. OCEAN BLVD. SOUTH PALM BEACH FL 33480-6313

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1520099	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHULMAYR, PATRICIA	
STREET ADDRESS	3605 S OCEAN BLVD	
CITY-ST-ZIP	S PLAM BEACH FL 33480	
TITLE	T	<input type="checkbox"/> Delete
NAME	OCHS, GEORGE	
STREET ADDRESS	3605 S OCEAN BLVD	
CITY-ST-ZIP	S PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALTZMAN, CY	
STREET ADDRESS	3605 S OCEAN BLVD	
CITY-ST-ZIP	S PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTRIN, ANNETTE	
STREET ADDRESS	3605 S OCEAN BLVD	
CITY-ST-ZIP	S. PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	HABER, HERBERT	
STREET ADDRESS	3605 S OCEAN BLVD.	
CITY-ST-ZIP	S. PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GALGANO, JOHN J	
STREET ADDRESS	3605 S OCEAN BLVD	
CITY-ST-ZIP	S PALM BEACH FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S HABER, HERBERT
STREET ADDRESS	3605 S OCEAN BLVD
CITY-ST-ZIP	S. PALM BEACH, FL 33480
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 exemption.

SIGNATURE *Patricia Schulmayr* DATE *1-12-00* DAYTIME PHONE # *561-588-0153*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)