

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 727952

1. Entity Name
SOUTHGATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3605 S. OCEAN BLVD.
SOUTH PALM BEACH, FL 33480**

Mailing Address
**3605 S. OCEAN BLVD.
SOUTH PALM BEACH, FL 33480**



01302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1520099

Applied For
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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000823340
02/20/08-80032-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GALGANO, JOHN J 3605 S. OCEAN BLVD S. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OCHS, GEORGE 3605 S. OCEAN BLVD S. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EDELSTEIN, HULDA 3605 S. OCEAN BLVD SOUTH PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR PARADOWSKY, PATTY 3605 S OCEAN BLVD. S. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHULMAYR, PATRICIA 3605 S OCEAN BLVD SOUTH PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HABER, HERBERT 3605 S OCEAN BLVD SOUTH PALM BEACH, FL 33480

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres. 02-06-08 561-588-0153