

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006186

Entity Name: SOUTHGATE VILLAS P.O.A., INC.**Current Principal Place of Business:**BOSSHARDT PROPERTY MANAGEMENT
2101 SW 20TH PLACE SUITE 402
OCALA, FL 34471**Current Mailing Address:**BOSSHARDT PROPERTY MANAGEMENT
2102 SW 20TH PLACE SUITE 402
OCALA, FL 34471 US**FEI Number:** 20-3107003**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRIFFIN, GARRY
BOSSHARDT PROPERTY MANAGEMENT
2102 SW 20TH PLACE SUITE 402
OCALA, FL 34471 US*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:** GARRY GRIFFIN

03/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name LAMB, RONALD
Address BOSSHARDT PROPERTY
MANAGEMENT
2101 SW 20TH PLACE SUITE 402
City-State-Zip: Ocala FL 34471

Title TREASURER
Name BRISKIE, SUE
Address BOSSHARDT PROPERTY
MANAGEMENT
2101 SW 20TH PLACE SUITE 402
City-State-Zip: Ocala FL 34471

Title SECRETARY
Name SZYBIST, KAREN
Address BOSSHARDT PROPERTY
MANAGEMENT
2101 SW 20TH PLACE SUITE 402
City-State-Zip: Ocala FL 34471

Title PRESIDENT
Name IRVIN, CHESTER
Address BOSSHARDT PROPERTY
MANAGEMENT
2101 SW 20TH PLACE SUITE 402
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name MARCHIONE, BOB
Address BOSSHARDT PROPERTY
MANAGEMENT
2101 SW 20TH PLACE SUITE 402
City-State-Zip: Ocala FL 34471

I hereby 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 all other like empowered.

SIGNATURE: CHESTER IRVIN

PRESIDENT

03/28/2017

Electronic Signature of Signing Officer/Director Detail

Date