

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90015 007 \*\*\*\*61.25

**DOCUMENT # 743262**

1. Entity Name

**SOUTHGATE MANOR HOMEOWNERS ASSOCIATION,  
INCORPORATED**



Principal Place of Business

3210 SW 91 LN  
OCALA FL 34476  
US

Mailing Address

3210 SW 91ST LN  
OCALA FL 34476  
US

*2955 SW 90th Place*

*2955 SW 90th Place*

2. Principal Place of Business

*2955 SW 90th Place*

3. Mailing Address

*2955 SW 90th Place*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Ocala Florida*

City & State

*Ocala Florida*

Zip

*34476*

Country

*Marion*

Zip

*34476*

Country

*Marion*

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2373973**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHOQUETTE, JOSEPH  
2955 SW 90TH PLACE  
OCALA FL 34476**

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. 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

*1-24-06*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHOQUETTE, JOSEPH	
STREET ADDRESS	2955 SW 90TH PLACE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRUMB, EUNICE H	
STREET ADDRESS	9165 SW 32ND CT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYLE, LARSON	
STREET ADDRESS	3143 SW 192ND LANE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALDRICH, BERNARD	
STREET ADDRESS	3210 SW 91ST LANE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRESE, PAT	
STREET ADDRESS	2975 SW 90TH PL	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MISIANO, JOE	
STREET ADDRESS	9228 SW 32ND CT	
CITY-ST-ZIP	OCALA FL 34476	

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	<i>Vice President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Joy Armstrong</i>	
STREET ADDRESS	<i>3000 SW 90th Place</i>	
CITY-ST-ZIP	<i>Ocala FL 34476</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Estella Alvord</i>	
STREET ADDRESS	<i>9100 SW 30th Terrace</i>	
CITY-ST-ZIP	<i>Ocala FL 34476</i>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*Joseph Choquette*