


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

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90388 013 \*\*\*\*70.00

<b>DOCUMENT # 750261</b>					
1. Entity Name TOWNGATE VILLAS HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business C/O L & B PROPERTY MANAGEMENT 13831 S.W. 59 STREET, STE 207 MIAMI, FL 33183			Mailing Address C/O L & B PROPERTY MANAGEMENT 13831 S.W. 59 STREET, STE 207 MIAMI, FL 33183		
2. Principal Place of Business - No P.O. Box # C/O EB Mgmt Group		3. Mailing Address Same			
Suite, Apt. #, etc. 11900 SW 144ct, 211		Suite, Apt. #, etc. Same			
City & State Miami, FL		City & State Same			
Zip 33186	Country Miami-Dade	Zip	Country	03312008	Chg-NP CR2E037 (12/06)
4. FEI Number 59-1957420				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNET, LIONEL 9100 S DADELAND BLVD, #404 MIAMI, FL 33156			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <u>Kullie L. ... CAM For EB MGMT GROUP, INC.</u> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSTERHOUT, IMOGENE		NAME	Heath, William	
STREET ADDRESS	11980 SW 144TH CT #203		STREET ADDRESS	11980 SW 144ct. #211	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami, FL 33186	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, MIKE		NAME	HERNANDEZ, ARTEL	
STREET ADDRESS	11980 SW 144TH CT #203		STREET ADDRESS	11980 SW 144ct. #211	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami, FL 33186	
TITLE	TSD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, DAYTON		NAME	RODRIGUEZ, ERIC	
STREET ADDRESS	11980 SW 144TH CT #203		STREET ADDRESS	11980 SW 144 CT. #211	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami, FL 33186	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, CYNTHIA		NAME		
STREET ADDRESS	11980 SW 144TH CT #203		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIHM, BARBARA		NAME		
STREET ADDRESS	11980 SW 144TH CT #203		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDAURITTA, ALESANDRA		NAME		
STREET ADDRESS	11980 SW 144TH CT #203		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
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: <u>[Signature]</u>			Date: <u>4-10-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		