
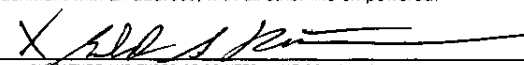


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90091 038 ****61.25

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # 757243 1. Entity Name THE VILLAS OF TOWNGATE SOUTH HOMEOWNERS ASSOCIATION INC. | | | |  | |
| Principal Place of Business C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE. MIAMI, FL 33186 US | | | Mailing Address C/O MIAMI MANAGEMENT INC. 14275 SW 142 AVE. MIAMI, FL 33186 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PAIGE, ROBERT E ESQ 7000 SW 97TH AVENUE STE 209 MIAMI, FL 33173 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | VPD <input type="checkbox"/> Delete | | TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROTHMAN, GERALD | | NAME | ROTHMAN, GERALD | |
| STREET ADDRESS | 10835 SW 117TH PL | | STREET ADDRESS | 10835 SW 117 PL | |
| CITY-ST-ZIP | MIAMI, FL 33186 | | CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEVY, JOSE | | NAME | ARRENDALE, MARCIA | |
| STREET ADDRESS | 11712 SW 108 LANE | | STREET ADDRESS | 10910 SW 117 PL | |
| CITY-ST-ZIP | MIAMI, FL 33186 | | CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | DP <input type="checkbox"/> Delete | | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ORTIZ, MARIA | | NAME | ORTIZ, MARIA | |
| STREET ADDRESS | 11776 S.W. 108TH LANE | | STREET ADDRESS | 11776 SW 108 LANE | |
| CITY-ST-ZIP | MIAMI, FL | | CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | SDT <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BOLTON, ANN | | NAME | | |
| STREET ADDRESS | 11716 SW 110 TERRACE | | 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 | ARRENDALE, MARCIA | | NAME | | |
| STREET ADDRESS | 10910 SW 117 PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33186 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |

40000000



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2118095

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required