

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 21 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758011 (1)
1. Corporation Name
**THE TOWNHOUSES OF TOWNGATE SOUTH HOMEOWNERS ASSO
CIATION INC.**

Principal Place of Business Mailing Address
C/O MIAMI MANAGEMENT, INC **C/O MIAMI MANAGEMENT, INC**
14530 SW 118TH AVE. **14530 SW 118TH AVE.**
MIAMI FL 33186-6100 **MIAMI FL 33186-6100**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **07/24/1981** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-2110381** Applied For ☐
Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
7. Nonprofit with IRS 501(c)(3) ☐ **\$68.75 Supplemental
Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **C/O MIAMI MANAGEMENT** 26 **C/O MIAMI MANAGEMENT**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **14275 SW 142 AVE** 27 **14275 SW 142 AVE**
City & State City & State
23 **MIAMI FL** 28 **MIAMI FL**
Zip Country Zip Country
24 **33186** 25 **USA** 29 **33186** 30 **USA**

9. Name and Address of Current Registered Agent

**GAUSE, THOMAS
11224 S.W. 117TH PLACE
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GAUSE, THOMAS
STREET ADDRESS	11224 S.W. 117TH PL.
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	CLARK, BILL
STREET ADDRESS	11239 S.W. 117TH PL.
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	CHEMAISSEM, BASSEM
STREET ADDRESS	11727 SW 112 TERR
CITY - ST - ZIP	MIAMI FL
TITLE	DVP
NAME	WULFF, TOM
STREET ADDRESS	11738 S.W. 112 TERR
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	GARCIA, JUAN
STREET ADDRESS	11751 SW 112 TERR.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ZITMAN, ANDY
STREET ADDRESS	11229 S.W. 117 COURT
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	D
5.3 STREET ADDRESS	PERRY, STEPHANIE
5.4 CITY - ST - ZIP	11749 3W 112 TR
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	D
6.3 STREET ADDRESS	GOMAR, JORGE
6.4 CITY - ST - ZIP	11226 SW 117 PL
	MIAMI FL 33186

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas H. Gause
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 253-9919
Date Daytime Phone #