

FILE NOW: FILING FEE IS \$61.25

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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758011 (1)

1. Corporation Name
**THE TOWNHOUSES OF TOWNGATE SOUTH HOMEOWNERS ASSO
CIATION INC.**



Principal Place of Business C/O MIAMI MANAGEMENT 4275 SW 142 AVE. MIAMI FL 33186 US	Mailing Address C/O MIAMI MANAGEMENT 14275 SW 142 AVE MIAMI FL 33186-6715 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 07/24/1981	3a. Date of Last Report 07/02/1996
4. FEI Number 59-2110381	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

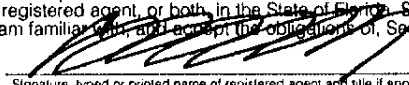
9. Name and Address of Current Registered Agent

**KOBIN, DAVID A PA
8900 SOUTHWEST 107 AVENUE, STE 206
MIAMI FL 33186**

10. Name and Address of New Registered Agent

**81 Name CARLOS TRIAY, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON ST. 1110
83
84 City CORAL GABLES FL 85 Zip Code 33134**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **2/5/97**

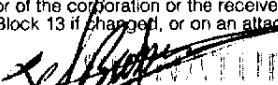
12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LANE, SHIRLEY	
STREET ADDRESS	11731 SW 112 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	MANSO, MANNY	
STREET ADDRESS	11237 SW 117 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	CHEMAISSEM, BASSEM	
STREET ADDRESS	11727 SW 112 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	PERRY, STEPHANIE	
STREET ADDRESS	11749 SW 112 TR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	BILL CLARK	
STREET ADDRESS	11239 SW 117 PL	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	D	☐ DELETE
NAME	LISA SCHMICK	
STREET ADDRESS	11209 SW 117 CT.	
CITY-ST-ZIP	MIAMI, FL 33186	

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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE **01/06/97**

CR2E037 (9/96)