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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758011

1. Corporation Name

THE TOWNHOUSES OF TOWNGATE SOUTH HOMEOWNERS ASSO CIATION INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT 4275 SW 142 AVE. MIAMI FL 33186 US	C/O MIAMI MANAGEMENT 14275 SW 142 AVE MIAMI FL 33186 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/24/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2110381 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TRIAY, CARLOS A
999 PONCE DE LEON
SUITE 1110
CORAL GABLES FL 33134

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	LANE, SHIRLEY		1.2 NAME	LANE, SHIRLEY	
STREET ADDRESS	11731 SW 112 TERR		1.3 STREET ADDRESS	11731 SW 112 TERR	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	CLARK, BILL		2.2 NAME	MAU, ANGEL	
STREET ADDRESS	11239 S.W. 117 PLACE		2.3 STREET ADDRESS	11733 SW 112 TERR	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	SD	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	CHEMAISSEM, BASSEM		3.2 NAME	COHEN, DEBRA	
STREET ADDRESS	11727 SW 112 TERR		3.3 STREET ADDRESS	11724 SW 117 CT.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOMEZ, NELSON		4.2 NAME		
STREET ADDRESS	11230 S.W. 117 CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, ANGEL		5.2 NAME		
STREET ADDRESS	11216 S.W. 117 PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #