

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90115 024 \*\*\*\*70.00

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03182008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 758011</b>					
<b>1. Entity Name</b> THE TOWNHOUSES OF TOWNGATE SOUTH HOMEOWNERS ASSOCIATION INC.					
<b>Principal Place of Business</b> C/O COURTESY PROPERTY MANAGEMENT, INC. 13250 S.W. 135TH AVE. MIAMI, FL 33186 US			<b>Mailing Address</b> C/O COURTESY PROPERTY MANAGEMENT, INC. 13250 S.W. 135TH AVE. MIAMI, FL 33186 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2110381	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TRIAY, CARLOS A 10570 NW 27TH ST, SUITE 103 MIAMI, FL 33186			<b>7. Name and Address of New Registered Agent</b> Name <u>SKRLD, INC.</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 ALHAMBRA CIRCLE</u> <u>SUITE 1102</u> City <u>CORAL GABLES</u> FL Zip Code <u>33134</u>		
<b>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.</b> SIGNATURE <u>SKRLD, Inc by [Signature]</u> Secretary DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25- Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAU, ANGEL		NAME		
STREET ADDRESS	11733 SW 112 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENA, JORGE		NAME		
STREET ADDRESS	11746 SW 112 LN		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENITEZ, CARLOS		NAME		
STREET ADDRESS	11234 SW 117 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHEMAISSEM, BASSEMS		NAME		
STREET ADDRESS	11727 SW 112 TER		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	MILLER, KEVIN		NAME		
STREET ADDRESS	11740 SW 112 LANE		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	BRENNER, GREG		NAME		
STREET ADDRESS	11742 SW 112 LANE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>Angel MAU</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/11/2008</u> Daytime Phone # <u>305-233-9349</u>		