

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # 769780

1. Entity Name
**RAMSGATE TOWNHOMES OWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**681 #4 EASTERN LAKE RD.
SANTA ROSA BEACH, FL 32459**

Mailing Address
**1200 CUMBERLAND RD NE
ATLANTA, GA 30306**



07062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2656705

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENRY, BONNIE
681 #2 EASTERN LAKE RD.
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
SPAHR, KATHRYN
111 BURDETTE RD NW
ATLANTA, GA 30327**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
HENRY, BONNIE
1200 CUMBERLAND RD NE
ATLANTA, GA 30306**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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U00000768158
07/11/07-80004-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/07 4048722894