

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -3 PM 5:23

DOCUMENT # **H56108** (4)  
1. Corporation Name  
**SOUTH GATE HOME OWNERS, INC.**

Principal Place of Business Mailing Address  
**20000 U.S. 19 NORTH** **20000 U.S. 19 NORTH**  
**LOT #422** **LOT #422**  
**CLEARWATER FL 34624** **CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/07/1985** 3a. Date of Last Report **03/16/1994**  
4. FEI Number **59-2605915** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BAZZEL, CARL (PETE)**  
**20000 US HWY 19 N.**  
**NO. 422**  
**CLEARWATER FL 34624**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b>	NAME <b>MCCLURE, LEE</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>20000US HWY 19 N 820 LOT #</b>	CITY- ST- ZIP <b>CLEARWATER FL 34624</b>	1.2 NAME	
TITLE <b>VPD</b>	NAME <b>MOORE, WALTER</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>20000US 19 N 318 LOT #</b>	CITY- ST- ZIP <b>CLEARWATER FL 34624</b>	1.4 CITY- ST- ZIP	
TITLE <b>SD</b>	NAME <b>YOUNG, GERRY</b>	2.1 TITLE <b>V.P.D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>20000US HWY 19N 618 # LOT</b>	CITY- ST- ZIP <b>CLEARWATER FL 34624</b>	2.2 NAME <b>ALDERMAN, BOB</b>	
TITLE <b>TD</b>	NAME <b>NASH, FREDERICK</b>	2.3 STREET ADDRESS <b>20000 U.S. HWY 19N 409 LOT #</b>	
STREET ADDRESS <b>20000 US HWY 19 N 309 # LOT</b>	CITY- ST- ZIP <b>CLEARWATER FL 34624</b>	2.4 CITY- ST- ZIP <b>CLEARWATER, FL. 34624</b>	
TITLE <b>D</b>	NAME <b>ALDERMAN, BOB</b>	3.1 TITLE <b>S.D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>20000 U.S. HWY. 19N. LOT# 409</b>	CITY- ST- ZIP <b>CLEARWATER FL 34624</b>	3.2 NAME <b>OLSON, SHIRLEY</b>	
TITLE <b>D</b>	NAME <b>DOMAK, RITA</b>	3.3 STREET ADDRESS <b>20000 U.S. HWY. 19 N. 430 LOT #</b>	
STREET ADDRESS <b>409</b>	CITY- ST- ZIP <b>CLEARWATER FL</b>	3.4 CITY- ST- ZIP <b>CLEARWATER, FL 34624</b>	
TITLE <b>D</b>	NAME <b>ANDERSON, DOUG</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>20000 U.S. HWY. 19N. 716 LOT #</b>	CITY- ST- ZIP <b>CLEARWATER, FL. 34624</b>	4.2 NAME	
TITLE <b>D</b>	NAME <b>ANDERSON, DOUG</b>	4.3 STREET ADDRESS	
STREET ADDRESS <b>20000 U.S. HWY. 19 N. 430 LOT #</b>	CITY- ST- ZIP <b>CLEARWATER FL. 34624</b>	4.4 CITY- ST- ZIP	
TITLE <b>D</b>	NAME <b>ANDERSON, DOUG</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>20000 U.S. HWY. 19 N. 430 LOT #</b>	CITY- ST- ZIP <b>CLEARWATER FL. 34624</b>	5.2 NAME	
TITLE <b>D</b>	NAME <b>ANDERSON, DOUG</b>	5.3 STREET ADDRESS	
STREET ADDRESS <b>20000 U.S. HWY. 19 N. 430 LOT #</b>	CITY- ST- ZIP <b>CLEARWATER FL. 34624</b>	5.4 CITY- ST- ZIP	
TITLE <b>D</b>	NAME <b>ANDERSON, DOUG</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>20000 U.S. HWY. 19 N. 430 LOT #</b>	CITY- ST- ZIP <b>CLEARWATER FL. 34624</b>	6.2 NAME	
TITLE <b>D</b>	NAME <b>ANDERSON, DOUG</b>	6.3 STREET ADDRESS	
STREET ADDRESS <b>20000 U.S. HWY. 19 N. 430 LOT #</b>	CITY- ST- ZIP <b>CLEARWATER FL. 34624</b>	6.4 CITY- ST- ZIP	

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 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frederick Nash* **FREDERICK NASH** /s/ **3-28-95** **013**  
796-1631  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area)