

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90089 013 ****61.25

DOCUMENT # N00000003936

1. Entity Name

SOUTHGATE TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**25 SOUTH BOULEVARD
 TAMPA FL 33606**

**325 SOUTH BOULEVARD
 TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

3315 West DeLeon Street
 Suite, Apt. #, etc.

3315 West DeLeon Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3686614

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOLLOY, DANIEL L
 325 SOUTH BOULEVARD
 TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name **Phillip G. Reed**
 Street Address (P.O. Box Number is Not Acceptable)
3315 West DeLeon Street, Unit #13
 City **Tampa** FL Zip Code **33609**

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.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSS, CRAIG	
STREET ADDRESS	611 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIMBERG, SCOTT	
STREET ADDRESS	611 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REIDY, CHRISTINE	
STREET ADDRESS	611 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillip G. Reed	
STREET ADDRESS	3315 West DeLeon Street, Unit #13	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Watson	
STREET ADDRESS	3315 West DeLeon Street, Unit #4	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shelley Hill	
STREET ADDRESS	3315 West DeLeon Street, Unit #9	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Brundage	
STREET ADDRESS	3315 West DeLeon Street, Unit #14	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandy Fantle	
STREET ADDRESS	3315 West DeLeon Street, Unit #15	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE:

14 Feb 02 813.998.9154

CR2E037 (9/01)