


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90072 017 ****61.25

DOCUMENT # N00000003936
1. Entity Name
SOUTHGATE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business Mailing Address
**3315 WEST DE LEON STREET
TAMPA FL 33609-5503** **3315 WEST DE LEON STREET
TAMPA FL 33609-5503**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-3686614 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REED, PHILLIP
3315 WEST DELEON STREET UNIT #13
TAMPA FL 33609**

7. Name and Address of New Registered Agent
Name **BARBARA CENTENO**
Street Address (P.O. Box Number is Not Acceptable)
3315 W. DE LEON ST. UNIT 16
City **TAMPA, FL** Zip Code **33609-5503**

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: *Barbara Centeno* **BARBARA CENTENO** **3/21/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, PHILLIP G 3315 WEST DE LEON STREET UNIT #13 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GD WILSON, MATT 3315 W DE LEON ST UNIT # 18 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, SHELLEY 3315 WEST DE LEON STREET UNIT #9 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GB BRUNDAGE, LAURA 3315 WEST DELEON STREET UNIT #14 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FANTLE, SANDY 3315 WEST DELEON STREET UNIT #15 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIP G. REED 3315 W. DE LEON ST UNIT 13 TAMPA, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BARBARA CENTENO 3315 W. DE LEON ST UNIT 16 TAMPA, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CLAIRE CATANACH 3315 W. DE LEON ST. UNIT 17 TAMPA, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARROW MIZE 3315 W. DE LEON ST UNIT 8 TAMPA, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RONALD LOIDA 3315 W. DE LEON ST. UNIT 5 TAMPA, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Centeno* **BARBARA CENTENO** **3/21/04** **(813) 979-2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #