


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90016 034 ****61.25

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



Principal Place of Business
 3315 WEST DE LEON STREET
 TAMPA, FL 33609-5514

Mailing Address
 3315 WEST DE LEON STREET
 TAMPA, FL 33609-5514

4000786Z



2. Principal Place of Business
218 E. BEARSS AVE
 Suite, Apt. #, etc.
PMB 241

3. Mailing Address
218 E. BEARSS AVE
 Suite, Apt. #, etc.
PMB 241

01142005 Chg-NP CR2E037 (10/03)

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number
59-3686614

Applied For
 Not Applicable

Zip
33613 Country
US

Zip
33613 Country
US

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

6. Name and Address of Current Registered Agent
CENTENO, BARBARA
 3315 WEST DELEON STREET UNIT #16
 TAMPA, FL 33609-5514

7. Name and Address of New Registered Agent
 Name
CONDOMINIUM ALLIANCE MNGT. CORP
 Street Address (P.O. Box Number is Not Acceptable)
13309 WINDING OAK CT
SUITE B
 City
TAMPA FL Zip Code
33612

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 Raymond J. Cronin **RAYMOND J. CRONIN** DATE **1/26/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REED, PHILLIP G 3315 WEST DE LEON STREET UNIT #13 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CENTENO, BARBARA 3315 WEST DELEON STREET UNIT #16 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETRIE, ROZ 3315 W. DELEON ST # 10 TAMPA, FL. 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CATANACH, CLAIRE 3315 WEST DELEON STREET UNIT #17 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZE, DARREN 3315 WEST DELEON STREET UNIT #8 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNETT, JANE 3315 W. DELEON ST #9 TAMPA FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOIDA, RONALD 3315 WEST DELEON STREET UNIT #5 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GRIFFIN, DAVID 3315 W. DELEON ST #20 TAMPA FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Raymond J. Cronin **RAYMOND J. CRONIN** **PRESIDENT** DATE **1/26/05** DAYTIME PHONE # **813 935 6633**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR