


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90242 047 \*\*\*\*61.25

**DOCUMENT # N00000003936**

1. Entity Name  
**SOUTHGATE TOWNHOMES ASSOCIATION, INC.**



Principal Place of Business  
**218 EAST BEARSS AVENUE  
 PMB 241  
 TAMPA, FL 33613**

Mailing Address  
**218 EAST BEARSS AVENUE  
 PMB 241  
 TAMPA, FL 33613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State


Zip

Country

Zip

Country

40000000



04252006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3686614** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CONDOMINIUM ALLIANCE MNGT. CORP.**  
**13309 WINDING OAK COURT**  
**SUITE B**  
**TAMPA, FL 33612**

**7. Name and Address of New Registered Agent**

Name  
**CONDOMINIUM ALLIANCE MNGT. CORP**

Street Address (P.O. Box Number is Not Acceptable)  
**218 E. BEARSS AVE**

**#241**

City  
**TAMPA** FL Zip Code  
**33613**

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 PRESIDENT 4/25/06

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 May 1, 2006**

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	P PETRIE, ROZ 3315 WEST DELEON STREET #10 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CATANACH, CLAIRE 3315 WEST DELEON STREET UNIT #17 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNETT, JANE 3315 WEST DELEON STREET #9 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFIN, DAVID 3315 WEST DELEON STREET #20 TAMPA, FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCE ARNETT 3315 W. DELEON ST #9 TAMPA FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. STEVE WATSON 3315 W. DELEON ST #4 TAMPA, FL. 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. SHELDON BARAT 3315 W. DELEON ST #12 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 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 other like empowered.

SIGNATURE: Sheldon L. Barat **SHELDON L. BARAT** 4/27/06 813 289-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #