


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90018 028 ****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 - No P.O. Box #
3315 W. DELEON ST

3. Mailing Address
3315 W. DELEON ST

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA FL

Zip
33609

Country



01112008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**CONDOMINIUM ALLIANCE MNGT. CORP.
 218 E BEARSS AVE #241
 TAMPA, FL 33613**

7. Name and Address of New Registered Agent

Name
SHELDON L. BARAT

Street Address (P.O. Box Number is Not Acceptable)
3315 W. DELEON ST #12

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sheldon L. Barat* **1/11/08**

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, 2008

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	S WATSON, STEVE 3315 W DELEON ST #4 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	T BARAT, SHELDON 3315 W DELEON ST #12 TAMPA, FL 33609 <input 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	P HESTER, JOHN 3315 W DELEON #11 TAMPA, FL 33609 <input 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	D PETRIE, UNKOWN 3315 W DELSON ST #10 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROZALYN PETRIE 3315 W. DELEON ST #10 TAMPA FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOND, CATE 3315 W DELSON ST #9 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CATE O'DOWD 3315 W DELEON ST #9 TAMPA, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JANE SLOAN 3315 W. DELEON ST #8 TAMPA, FL 33609 <input type="checkbox"/> Change <input checked="" 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, TREAS** **1/11/08** **(813)289-1111**

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