

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 02, 2009  
Secretary of State**

DOCUMENT# N00000003936

Entity Name: SOUTHGATE TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

3315 W. DELEON ST.  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

3315 W. DELEON ST.  
TAMPA, FL 33609

**New Mailing Address:**

901 N HERCULES AVENUE  
CLEARWATER, FL 33765

FEI Number: 59-3686614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWELDON, BARAT L  
3315 W. DELEON ST #12  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: BARAT, SHELDON  
Address: 3315 W DELEON ST #12  
City-St-Zip: TAMPA, FL 33609

Title: P ( ) Delete  
Name: HESTER, JOHN  
Address: 3315 W DELEON #11  
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete  
Name: ROZALINE, PETRICE  
Address: 3315 W. DELEON ST #10  
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete  
Name: O'DOWD, CATE  
Address: 3315 W DELEON ST #9  
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete  
Name: SLOAN, JANE  
Address: 3315 W. DELEON ST #8  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C. COMMONS

CPA

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date