

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2006
Secretary of State**

DOCUMENT# N00745

Entity Name: THE TOWNES OF SOUTHGATE, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2446028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: TRATECHAUD, LINDA
Address: 4703 CAPRI PL
City-St-Zip: ORLANDO, FL 32811

Title: VPD (X) Delete
Name: GARCIA, ANA
Address: 4701 CAPRI PL
City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete
Name: LARKIN, LINDA
Address: 4727 CHEVY PLACE
City-St-Zip: ORLANDO, FL 32811

Title: TD () Delete
Name: RAMEY, BLAINE
Address: 4830 MARKS TER
City-St-Zip: ORLANDO, FL 32811

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAMEY, BLAINE
Address: 4830 MARKS TER
City-St-Zip: ORLANDO, FL 32811

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

Title: STD (X) Change () Addition
Name: NESTORK, PENNY
Address: 4709 CAPRI PL
City-St-Zip: ORLANDO, FL 32811

Title: D (X) Change () Addition
Name: CAMPBELL, KEN
Address: 4704 CAPRI PL
City-St-Zip: ORLANDO, FL 32811

Title: D () Change (X) Addition
Name: YOUNG, STEPHEN
Address: 4742 CHEVY PL
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the 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: BLAINE RAMEY

PD

04/19/2006

Electronic Signature of Signing Officer or Director

Date