

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N01000005795

1. Entity Name

SOUTHGATE SHORES AT WOODMONT GARDENS
HOMEOWNERS' ASSOCIATION, INC.



**FILED
Apr 19, 2004 8:00 am
Secretary of State**

04-05-2004 90400 019 ****61.25

00416001



MOORE CR2E037 (11/03)

Principal Place of Business

7100 WEST CAMINO REAL
SUITE 17
BOCA RATON FL 33433
US

Mailing Address

7100 WEST CAMINO REAL
SUITE 17
BOCA RATON FL 33433
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

4. FEI Number

02-0576163

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALYO, PAUL
7100 WEST CAMINO REAL
SUITE 117
BOCA RATON FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW. FEE IS \$61.25
Due By May 1, 2004

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: DP
NAME: STRACHAN, ANDREA
STREET ADDRESS: 8549 W SOUTHGATE SHORES CIRCLE
CITY-ST-ZIP: TAMARAC FL 33321

Delete

TITLE: DS
NAME: PROPPER, HEATH
STREET ADDRESS: 8601 N SOUTHGATE SHORES CIR
CITY-ST-ZIP: TAMARAC FL 33309

Delete

TITLE: SV
NAME: DOUGHERTY, TIMOTHY
STREET ADDRESS: 8621 N SOUTHGATE SHORES CIRCLE
CITY-ST-ZIP: TAMARAC FL 33309

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: TD
NAME: David Kohl
STREET ADDRESS: 8604 S Southgate Shores Cir
CITY-ST-ZIP: Tamarac, FL 33321

Change Addition

TITLE: TD
NAME: Sterling Fordham
STREET ADDRESS: 8608 S Southgate Shores Cir
CITY-ST-ZIP: Tamarac, FL 33321

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STERLING FORDHAM 3/30/04 61-362-7444

Date

Daytime Phone #