

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90058 050 ****61.25

DOCUMENT # N01000005795

1. Entity Name
**SOUTHGATE SHORES AT WOODMONT GARDENS
HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business
**1750 UNIVERSITY DRIVE #205
C/O NICOLE SWIFT
CORAL SPRINGS, FL 33071 US**

Mailing Address
**1750 UNIVERSITY DRIVE #205
C/O NICOLE SWIFT
CORAL SPRINGS, FL 33071 US**

40017125



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
02-0576163

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR
#205
CORAL SPRINGS, FL 33071**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD ☐ Delete
NAME FORDHAM, STERLING
STREET ADDRESS 8608 S SOUTH GATE SHORES CIRCLE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME KOHL, DAVID
STREET ADDRESS 8604 S SOUTH GATE SHORES CIRCLE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MIRSKY, NICOLAS
STREET ADDRESS 8616 S SOUTHGATE SHORES DR CIR
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WARNER, ANGELA
STREET ADDRESS 8533 W SOUTHGATE SHORES DR CIR
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CHIQUITA GRIMES
STREET ADDRESS 8665 N. SOUTHGATE SHORES CIR
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sterling Fordham

STERLING FORDHAM

1-24-07

(954) 444-7865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #