# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2009**
**Secretary of State**

DOCUMENT# N01000005795

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 02-0576163** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR
#205
CORAL SPRINGS, FL 33071 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 (X) Delete
Name: FORDHAM, STERLING
Address: 8608 S SOUTH GATE SHORES CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: TD ( ) Delete
Name: KOHL, DAVID
Address: 8604 S SOUTH GATE SHORES CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Delete
Name: MIRSKY, NICOLAS
Address: 8616 S. SOUTHGATE SHORES CR.
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete
Name: GRIMES, CHIQUITA
Address: 8665 N. SOUTHGATE SHORES CR.
City-St-Zip: TAMARAC, FL 33321

**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: PD (X) Change ( ) Addition
Name: GRIMES, CHIQUITA
Address: 8665 N. SOUTHGATE SHORES CR.
City-St-Zip: TAMARAC, FL 33321

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: CHIQUITA GRIMES P 01/23/2009

Electronic Signature of Signing Officer or Director — Date