

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90083 049 ****61.25

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DOCUMENT # N01000008540 1. Entity Name TOWNGATE CONDOMINIUM ONE ASSOCIATION, INC.					
Principal Place of Business 888 KINGMAN ROAD HOMESTEAD, FL 33035				Mailing Address 888 KINGMAN ROAD HOMESTEAD, FL 33035	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1070053	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE, STE. 1102 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	PD EASON, CATHY 2232 SE 26 LANE HOMESTEAD, FL 33035	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD POWELL, TIFFANY 2207 SE 26 LANE HOMESTEAD, FL 33035	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DEUTSCH, MICHAEL 2201 SE 26 LANE HOMESTEAD, FL 33035	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Michael Deutsch 2201 SE 26 Lane Homestead FL 33035	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Tiffany Powell 2207 SE 26 Lane Homestead FL 33035	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Cathy Eason 2232 SE 26 Ln Homestead FL 33035	☒ 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 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 as an attachment with an address with all other like empowered.					
SIGNATURE:				4-5-06 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	