


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000008540**  
 1. Entity Name  
**TOWNGATE CONDOMINIUM ONE ASSOCIATION, INC.**



Principal Place of Business <b>888 KINGMAN ROAD HOMESTEAD, FL 33035</b>	Mailing Address <b>888 KINGMAN ROAD HOMESTEAD, FL 33035</b>
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1070053</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SKRLD, INC.  
 201 ALHAMBRA CIRCLE, STE. 1102  
 CORAL GABLES, FL 33134**

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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 re-registering) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DEUTSCH, MICHAEL 2201 SE 26TH LN HOMESTEAD, FL 33035</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>POWELL, TIFFANY 2207 SE 26 LANE HOMESTEAD, FL 33035</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>EASONM, CATHY 2232 SE 26TH LN HOMESTEAD, FL 33035</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000629429  
 02/16/07-80056-019 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *Michael Deutsch* **President** 1/31/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #