


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
888 KINGMAN ROAD **888 KINGMAN ROAD**
HOMESTEAD, FL 33035 **HOMESTEAD, FL 33035**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1070053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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 DEUTSCH, MICHAEL 2201 SE 26TH LN HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWELL, TIFFANY 2207 SE 26 LANE HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EASON, CATHY 2232 SE 26TH LN HOMESTEAD, FL 33035
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/28/08-80017-002-61.25

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 1-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #