

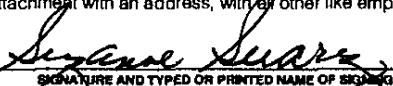


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90019 008 ****61.25

DOCUMENT # N02000003403 1. Entity Name TOWNGATE CONDOMINIUM THREE ASSOCIATION, INC.					
Principal Place of Business 888 KINGMAN RD HOMESTEAD, FL 33035			Mailing Address 888 KINGMAN RD HOMESTEAD, FL 33035		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 01-0717357	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIMBALL FLETCHER, PATRICIA P.A. C/O DUANE MORRIS LLP 200 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131			Name SKRLD, INC. Street Address (P.O. Box Number is Not Acceptable) 301 ALHAMBRA CIRCLE 11TH FLOOR City CORAL GABLES FL Zip Code 33134		
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 		LISA A. LERNER, SECRETARY <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP GIEBER, PATRICK 888 KINGMAN RD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, SUZANNE 888-A KINGMAN ROAD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LATTERNER, PAIGE M 888 KINGMAN RD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SANCHEZ, SIGFREDO 888-A KINGMAN ROAD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOSEPH, JERRY 888 KINGMAN RD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Donelle Bradley 2229 SE 25 Avenue Homestead, FL 33035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4/1/04		305-246-9576	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>DAYTIME PHONE #</small>	