

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

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**



02232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0717357

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SKRLD, INC
201 ALHAMBRA CIR., 11TH FLOOR
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUAREZ, SUZANNE
STREET ADDRESS	888-A KINGMAN ROAD
CITY - ST - ZIP	HOMESTEAD, FL 33035
TITLE	DV
NAME	SANCHEZ, SIGFREDO
STREET ADDRESS	888-A KINGMAN ROAD
CITY - ST - ZIP	HOMESTEAD, FL 33035
TITLE	DST
NAME	BRADLEY, DONELLE
STREET ADDRESS	2229 SE 25 AVENUE
CITY - ST - ZIP	HOMESTEAD, FL 33035
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000364247
05/06/05-80036-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Suzanne Suarez* **SUZANNE SUAREZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-367-8905