

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90007 025 ****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.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0717357	
				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			7. Name and Address of New Registered Agent		
SKRLD, INC 201 ALHAMBRA CIR., 11TH FLOOR CORAL GABLES, FL 33134			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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUAREZ, SUZANNE		NAME	Hodges, Debra	
STREET ADDRESS	888-A KINGMAN ROAD		STREET ADDRESS	2229 SE 25 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, SIGFREDO		NAME	Gonzalez, Dan	
STREET ADDRESS	888-A KINGMAN ROAD		STREET ADDRESS	2229 SE 25 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	DST	<input type="checkbox"/> Delete	TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, DONELLE		NAME	SUAREZ, SUZANNE	
STREET ADDRESS	2229 SE 25 AVENUE		STREET ADDRESS	2221 SE 25 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Debra Hodges</i>		3/27/06		305-505-2656	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	