


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90042 045 ****61.25

DOCUMENT # N02000009025 1. Entity Name TOWNGATE CONDOMINIUM FIVE ASSOCIATION, INC.	
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Principal Place of Business 888 KINGMAN ROAD HOMESTEAD, FL 33035	Mailing Address 888 KINGMAN ROAD HOMESTEAD, FL 33035
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DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0819903	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 CIR STE 1102
MIAMI, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTAELLA, ANA 22165 SE 24 PL HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VEGA, LISSETTE 2231 SE 24 PL HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. SHARAB, MARCIA 2245 SE 24 PL HOMESTEAD, FL 33035
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: President Ana Santaella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-21-08 Daytime Phone # _____