


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90053 040 \*\*\*\*61.25

<b>DOCUMENT # N03000001442</b> 1. Entity Name <b>TOWNGATE CONDOMINIUM SIX ASSOCIATION, INC.</b>					
Principal Place of Business <b>888 KINGMAN ROAD HOMESTEAD, FL 33035</b>			Mailing Address <b>888 KINGMAN ROAD HOMESTEAD, FL 33035</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>05-0558989</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SKRLD, JRX 201 ALHAMBRA CIR STE 1102 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACAU, REBECCA 2305 SW 23 RD HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lacau, Rebecca 2305 SE 23 Rd. Homestead FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMENT, DAVID 2301 SE 23RD RD HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dement, David 2301 SE 23 Rd. Homestead FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRE SOPOIL, VINCENT 2326 SE 23 RD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Higgins, John 2377 SE 23 Rd. Homestead FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CAMPBELL, BRUCE 2314 SE 23RD RD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CAMPBELL, BRUCE 2314 SE 23RD RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, JOHN 2377 SE 23RD RD HOMESTEAD, FL 33034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HIGGINS, JOHN 2377 SE 23RD RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, JOHN 2377 SE 23RD RD HOMESTEAD, FL 33034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HIGGINS, JOHN 2377 SE 23RD RD HOMESTEAD, FL 33035
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.					
<b>SIGNATURE:</b> <u>Rebecca R Lacau</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>1/31/07</u> (305) 2000170					