

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90091 041 ****61.25

DOCUMENT # N03000003011					
1. Entity Name TOWNGATE CONDOMINIUM SEVEN 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 01-0776995	
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		
PATRICIA KIMBALL FLETCHER, P.A. C/O DUANE MORRIS LLP 200 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131			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)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLEBER, PATRICK 888 KINGMAN RD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete			
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 LATTERNER, PAIGE 888 KINGMAN RD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT GILMORE 16425 SW 89 AVE MIAMI, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIKE O'CONNOR 2302 SE 24 AVE HOMESTEAD, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treasurer MELISSA LOOSEMORE 2301 SE 24 AVE HOMESTEAD, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MARIA DAWES 2319 SE 24 AVE HOMESTEAD, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director SHARON O'CONNOR 2302 SE 24 AVE HOMESTEAD, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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)(l), 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CK # ~~54~~ CK DATE 3/18/05 MAIL DATE 3/18/05 TC

03092005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 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.

Filing Fee is \$61.25 Due by May 1, 2005
9. Election Campaign Financing ☐
\$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	TITLE NAME STREET ADDRESS CITY-ST-ZIP
DP GLEBER, PATRICK 888 KINGMAN RD HOMESTEAD, FL 33035	PD ROBERT GILMORE 16425 SW 89 AVE MIAMI, FL 33157
DV JOSEPH, JERRY 888 KINGMAN RD HOMESTEAD, FL 33035	VP MIKE O'CONNOR 2302 SE 24 AVE HOMESTEAD, FL 33035
DST LATTERNER, PAIGE 888 KINGMAN RD HOMESTEAD, FL 33035	Sec/Treasurer MELISSA LOOSEMORE 2301 SE 24 AVE HOMESTEAD, FL 33035
[Empty]	Director MARIA DAWES 2319 SE 24 AVE HOMESTEAD, FL 33035
[Empty]	Director SHARON O'CONNOR 2302 SE 24 AVE HOMESTEAD, FL 33035
[Empty]	[Empty]

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 3/29/05 Daytime Phone #