


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90016 008 ****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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40030169



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 01-0776995	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SKRLD 201 ALHAMBRA CIRCLE SUOTE 1102 MIAMI, 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNOR, MICHEAL <input type="checkbox"/> Delete 2302 SE 24 AVE HOMESTEAD, FL 33035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVA, INGRID <input checked="" type="checkbox"/> Delete 2318 SE 24 AVE HOMESTEAD, FL 33035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Andreg Gonzalez 2314 SE 24 AVE Homestead FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEEL, DAVID <input checked="" type="checkbox"/> Delete 2311 SE 24 AVE HOMESTEAD, FL 33035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Raymond Lopez 2332 SE 24 AVE Homestead FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWES, MARIA <input checked="" type="checkbox"/> Delete 2319 SE 24 AVENUE HOMESTEAD, FL 33035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, SHARON <input checked="" type="checkbox"/> Delete 2302 SE 24 AVE HOMESTEAD, FL 33035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDT, MIKE <input checked="" type="checkbox"/> Delete 2322 SE 24 AVE HOMESTEAD, FL 33035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael J. O'Connor 1/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

286 259 469