2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003013

FILED Jan 30, 2009 Secretary of State

Entity Name: TOWNGATE CONDOMINIUM EIGHT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

888 KINGMAN RD 1541 SE 12 AVE HOMESTEAD, FL 33035 SUITE#37

HOMESTEAD, FL 33034

Current Mailing Address: New Mailing Address:

1541 SE 12 AVE 888 KINGMAN RD SUITE #37 HOMESTEAD, FL 33035

HOMESTEAD, FL 33034

FEI Number: 01-0777073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SKRLD. INC 201 ALHAMBRA CIR, STE 1102 CORAL GABLES, FL 33134

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition RODRIGUEZ, KRISTINA RODRIGUEZ, KRISTINA Name: Name: 2210 SW 23 AVE Address: 2210 SW 23 AVE Address:

City-St-Zip: HOMESTEAD, FL 33035 City-St-Zip: HOMESTEAD, FL 33035

Title: () Delete Title: DST (X) Change () Addition Name: RINDER, REGINALD Name: RINDER, REGINALD Address: 2222 SE 23 AVE Address: 2222 SE 23 AVE

City-St-Zip: HOMESTEAD, FL 33035 City-St-Zip: HOMESTEAD, FL 33035

Title: () Delete Title: PD (X) Change () Addition

REIDY, MARTHA Name: MAHAN, STEVEN Name: 88 A KINGMAN RD Address: Address: 2204 SE 23 AVE City-St-Zip: HOMESTEAD, FL 33035 City-St-Zip: HOMESTEAD, FL 33035

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLANCA SAENZ **AGEN** 01/30/2009