


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90035 039 ****61.25

DOCUMENT # N03000004165 1. Entity Name TOWNGATE CONDOMINIUM NINE ASSOCIATION, INC.					
Principal Place of Business 888 KINGMAN ROAD HOMESTEAD, FL 33035			Mailing Address 888 KINGMAN ROAD HOMESTEAD, FL 33035		
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		
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMORA CIR SUITE 1102 CORAL GABLES, FL 33134			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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERCERRA, MAURICE		NAME		
STREET ADDRESS	2302 SE 23 AVE		STREET ADDRESS	Same	
CITY - ST - ZIP	HOMESTEAD, FL 33035		CITY - ST - ZIP	Same	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BADER, IVAN		NAME	Same	
STREET ADDRESS	2320 SE 23 AVE		STREET ADDRESS	Same	
CITY - ST - ZIP	HOMESTEAD, FL 33035		CITY - ST - ZIP	Same	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BADER, IVAN		NAME	Reidy, Martha	
STREET ADDRESS	2320 SE 23 AVE		STREET ADDRESS	888-A Kingman Road	
CITY - ST - ZIP	HOMESTEAD, FL 33035		CITY - ST - ZIP	Homestead FL 33035	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERCERRA, MAURICE		NAME		
STREET ADDRESS	2302 SE 23 AVE		STREET ADDRESS		
CITY - ST - ZIP	HOMESTEAD, FL 33035		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REIDY, MARTHA		NAME		
STREET ADDRESS	888-A KINGMAN RD.		STREET ADDRESS		
CITY - ST - ZIP	HOMESTEAD, FL 33035		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Maurice Bercerra</u> 1-17-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					