# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 30, 2009**
**Secretary of State**

DOCUMENT# N03000004165

**Entity Name:** TOWNGATE CONDOMINIUM NINE ASSOCIATION, INC.

**Current Principal Place of Business:**

888 KINGMAN ROAD
HOMESTEAD, FL 33035

**New Principal Place of Business:**

1541 SE 12 AVE
SUITE # 37
HOMESTEAD, FL 33034

**Current Mailing Address:**

888 KINGMAN ROAD
HOMESTEAD, FL 33035

**New Mailing Address:**

1541 SE 12 AVE
SUITE # 37
HOMESTEAD, FL 33034

**FEI Number: 55-0836417** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SKRLD, INC.
201 ALHAMORA CIR
SUITE 1102
CORAL GABLES, FL 33134 US

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

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:**

Title: PD ( ) Delete
Name: BERCERRA, MAURICE
Address: 2302 SE 23 AVE
City-St-Zip: HOMESTEAD, FL 33035

Title: VD ( ) Delete
Name: BADER, IVAN
Address: 2320 SE 23 AVE
City-St-Zip: HOMESTEAD, FL 33035

Title: D ( ) Delete
Name: REIDY, MARTHA
Address: 888-A KINGMAN RD
City-St-Zip: HOMESTEAD, FL 33035

Title: D (X) Delete
Name: REIDY, MARTHA
Address: 888-A KIUGMAN RD.
City-St-Zip: HOMESTEAD, FL 33035

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: REIDY, MARTHA
Address: 1541 SE 12 AVE
City-St-Zip: HOMESTEAD, FL 33034

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director — Date