2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012476

FILED Aug 26, 2008 Secretary of State

Entity Name: SOUTHGATE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7220 SOUTHGATE BLVD. TAMARAC, FL 33321 **Current Mailing Address: New Mailing Address:** 7220 SOUTHGATE BOULEVARDS TAMARAC, FL 33321 FEI Number: 20-3917639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VERLSTEFFEN, KATIE JOHN B. ROGERS, P.A. 7220 SOUTHGATE BOULEVARD 5521 UNIVERSITY DRIVE SUITE 104 TAMARAC, FL 33321 CORAL SPRINGS, FL 33067 US 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: JOHN B. ROGERS 08/26/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VERLSTEFFEN, KATIE Name: Name: 7198 SOUTHGATE BOULEVARDS Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JOSEPH, KATELYNE Name: Address: 7220 SOUTHGATE BOULEVARD Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: TD () Delete Title: () Change () Addition EAST, LUZ Name: Name: 7156 SOUTHGATE BOULEVAR Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: SD () Delete Title: () Change () Addition JARA, VERONICA Name: Name: 7142 SOUTHGATE BOULEVARD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: Title: (X) Delete () Change () Addition MCFARLANE, DIANNE Name: Name: 7120 SOUTHGATE BOULEVARD Address: Address: City-St-Zip: TAMARAC, FL 33321 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: KATIE VERLSTEFFEN PD 08/26/2008