FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21421** **(5)**

1. Corporation Name

TOWNES OF SOUTHGATE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
52 E SOUTH ST ORLANDO FL 32801 US	52 E SOUTH ST ORLANDO FL 32801 US

2. Principal Place of Business 21 445 Douglas Avenue	2a. Mailing Address 26 P.O. Box 160386
Suite, Apt. #, etc. 22 2205-C	Suite, Apt. #, etc. 27
City & State 23 Altamonte Springs, FL	City & State 28 Altamonte Springs, FL
Zip / Country 24 32714 / 25 USA	Zip / Country 29 32716-0386 / 30 USA

3. Date Incorporated or Qualified 07/01/1987	3a. Date of Last Report 04/20/1995
4. FEI Number 59-2926745	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No	

9. Name and Address of Current Registered Agent

ASHER, DON & ASSOCIAT I
52 E SOUTH ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Ellen R. Womack
82 Street Address (P.O. Box Number is Not Acceptable): 445 Douglas Avenue, Suite 2205-C
83
84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Ellen R. Womack — DATE: 3/4/96
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NELMS, RANDY		1.2 NAME		
STREET ADDRESS	4818 NORMANDY PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELY, SONJA		2.2 NAME		
STREET ADDRESS	4694 PEMBROOKE PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIEMBOR, JULIE		3.2 NAME		
STREET ADDRESS	4866 PEMBROOK PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	XXXXXXXXXXXX		4.2 NAME		
STREET ADDRESS	XXXXXXXXXXXX		4.3 STREET ADDRESS		
CITY-ST-ZIP	XXXXXXXXXXXX		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GILBERT, LOIS		5.2 NAME		
STREET ADDRESS	4621 GATE PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sonja K. Ely — 3-6-96 — 407/682-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SOUTH FLY

CR2E037 (12/95)