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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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*
445 DOUGLAS AVENUE SUITE 2205-C ALTAMONTE SPRINGS FL 32714 US	P.O. BOX 160386 ALTAMONTE SPRINGS FL 32716-0386 US

3. Date Incorporated or Qualified: 07/01/1987
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business
21 238 N. Westmonte Dr.
Suite, Apt. #, etc.
22 Suite 105
City & State
23 Altamonte Spgs, FL
Zip 24 32714 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 ☐ No

9. Name and Address of Current Registered Agent

WOMACK, ELLEN R.
445 DOUGLAS AVENUE
SUITE 2205-C
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: Ellen R. Womack
82 Street Address (P.O. Box Number is Not Acceptable): 238 N. Westmonte Drive
83 Suite 105
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 — 4/2/97
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	X☒ DELETE	2.1 TITLE	DT	☐ Change XX Addition
NAME	ELY, SONJA		2.2 NAME	Kesting, Paula	
STREET ADDRESS	4694 PEMBROOKE PLACE		2.3 STREET ADDRESS	4662 Pembrook Place	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL	
TITLE	TD	☐ DELETE	3.1 TITLE	DP	XX 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	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GILBERT, LOIS		4.2 NAME		
STREET ADDRESS	4621 GATE PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Julia Steinhour — 4/2/97