2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90053 003 ****61.25

DOCUMENT # N21421

1. Entity Name

TOWNES OF SOUTHGATE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
225 S WESTMONTE DRIVE STE 2050 ALTAMONTE SPRINGS FL 32714 US	PO BOX 161606 ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6668 N. ORLANDO AVE	6668 N. ORLANDO AVE
Suite, Apt. #, etc.: 105	Suite, Apt. #, etc.: 105
City & State: MAITLAND, FL	City & State: MAITLAND, FL
Zip: 32751 Country: US	Zip: 32751 Country: US

4. FEI Number: 59-2926745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOMACK, ELLEN R
225 S WESTMONTE DRIVE
STE 2050
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: MORBITZER, MARGARET L
Street Address (P.O. Box Number is Not Acceptable): 6668 N. ORLANDO AVE
SUITE 105
City: MAITLAND **FL** Zip Code: 32751

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.

SIGNATURE: [signature] 4/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELIA, FRANK 4802 BRIGHTON TERRACE ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELIA, FRANK 4802 BRIGHTON TERRACE ORLANDO, FL 32811	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HOLMES, RUSSELL 4696 PEMBROOK PL. ORLANDO FL 32811	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SANTSPREE, BILL 4823 BRIGHTON TERRACE ORLANDO, FL 32811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SIEMBOR, JULIE 4866 PEMBROOK PL ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STO McCANDLESS, GARY 4852 NORMANDY PLACE ORLANDO, FL 32811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O GULLET, ARIN 4826 NORMANDY PLACE ORLANDO, FL 32811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IO MEEHAN, TIM 4810 BRIGHTON TERRACE ORLANDO, FL 32811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. I 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 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: Frank SIGNATURE REQUIRED 4-10-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #