## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # N21421** 03-30-2004 90004 015 \*\*\*\*61.25 1. Entity Name TOWNES OF SOUTHGATE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address **J4UZ4ZJ**b 668 N. ORLANDO AVE 668 N. ORLANDO AVE 105 MAITLAND, FL 32751 MAITLAND, FL 32751 US 2. Principal Place of Business 3. Mailing Address 901 N. Lake Destiny Drive 901 N. Lake Destiny Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 03032004 Cha-NP CR2E037 (10/03) Suite 110 Suite 110 City & State City & State 4. FEI Number 59-2926745 Applied For Maitland, FL Not Applicable Maitland, FI Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 32751 USA 32751 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBB, ROBIN L Street Address (P.O. Box Number is Not Acceptable) 901 N. Lake Destiny Drive 668 N. ORLANDO AVE STE 105 MAITLAND, FL 32751 City Maitland Zip Code 32751 se of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept bmits this statemer obligations of registers SIGNATO ent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VPD TITLE ☐ Delete TITLE M Change ☐ Addition DELIA, FRANK NAME NAME 4802 BRIGHTON TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP STD **Addition** TITLE ☐ Delete TITLE Change DORSAY, PAUL Santspree, Bill NAME NAME 4823 Brighton Terrace STREET ADDRESS 4613 GATE PL STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP Orlando, FL 32811 **X** Addition TITLE Delete TITLE ☐ Change RAUENZAHN, BETTY Vicioso, Yarrow NAME NAME STREET ADDRESS 4609 GARTE PL STREET ADDRESS 4827 Normandy Place CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP Orlando, FL PD TITLE ☐ Delete T Change ☐ Addition TITLE GULLET, ARIN NAME NAME STREET ADDRESS 4826 NORMANDY PLACE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition EVANS, JOHN NAME NAME 4807 BRIGHTON TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32811 Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 30, 2004 8:00 am