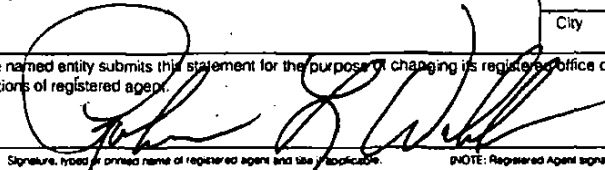
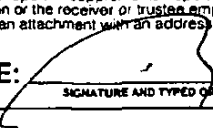


FILED
May 05, 2008 8:00 am
Secretary of State

04-09-2008 90030 047 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N21421			
1. Entity Name TOWNES OF SOUTHGATE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 901 N LAKE DESTINY DR STE 110 MAITLAND, FL 32751 US		Mailing Address 901 N LAKE DESTINY DR STE 110 MAITLAND, FL 32751 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-2943463	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, ROBIN L 901 N LAKE DESTINY DR STE 110 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		3/3/2008 DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GRULLETT, ARIN 4826 NORMANDY PLACE ORLANDO, FL 32811 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MICHAUD MIKE 4833 NORMANDY PLACE ORLANDO, FL 32811 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SANTSPREE, BILL 4826 BRIGHTON TERR. ORLANDO, FL 32811 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	METLIS, EVE 4802 NORMANDY PLACE ORLANDO, FL 32811 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOFF, BRIAN 4666 SUSSEX TERR ORLANDO, FL 32811 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		2-11-08 4072461713 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			