

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21421

FILED
Feb 11, 2009
Secretary of State

Entity Name: TOWNES OF SOUTHGATE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

901 N LAKE DESTINY DR
STE 110
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

901 N LAKE DESTINY DR
STE 110
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-2943463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, ROBIN L
901 N LAKE DESTINY DR
STE 110
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MICHALLD, MIKE
Address: 4833 NORMANDY PLACE
City-St-Zip: ORLANDO, FL 32811

Title: VP () Delete
Name: SANTSPREE, BILL
Address: 4826 BRIGHTON TERR.
City-St-Zip: ORLANDO, FL 32811

Title: P () Delete
Name: GOFF, BRIAN
Address: 4666 SUSSEX TERR
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: METLIS, EVE
Address: 4802 NORMANDY PLACE
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED MERCED

COMP

02/11/2009

Electronic Signature of Signing Officer or Director

Date