

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90060 049 ****61.25



DOCUMENT # N38866
 1. Entity Name
 SOUTHGATE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
 5995 BANNOCK TERR
 BOYNTON BEACH, FL 33437 US

Mailing Address
 5995 BANNOCK TERR
 BOYNTON BEACH, FL 33437 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03132008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country Zip Country

4. FEI Number
 65-0259911

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CRYSTAL COMMUNITY MGMT. INC.
 5995 BANNOCK TERRACE
 BOYNTON BEACH, FL 33437

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 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 | PD BUCKIN, MARTIN 11629 PRIVADO WAY BOYNTON BEACH, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD MELLMAN, SIDNEY 11653 PRIVADO WAY BOYNTON BEACH, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Mellman, Sidney <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11653 Privado Way Boynton Beach, FL 33437 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOODMAN, HANK 11582 PRIVADO WAY BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Goodman, Hank <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11582 Privado Way Boynton Beach, FL 33437 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BLOCK, LEONARD 11605 PRIVADO WAY BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SETTA, JOE 11589 PRIVADO WAY BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | correction-spelling of name <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAETTA, Joe |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Martina P. ... **3/17/08** **369-8688**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #