

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000000460 (6)**

1. Corporation Name  
**SOUTHGATE OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**9120 S.W. 46TH BLVD.  
GAINESVILLE FL 32608**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/02/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3171772</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>5300 SW 91st Terr.</b>	2a. Mailing Address 26 <b>5300 SW 91st Terrace</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State <b>Gainesville, FL</b>	27 City & State <b>Gainesville, FL</b>
23 Zip <b>32608</b> Country	29 Zip <b>32608</b> Country

9. Name and Address of Current Registered Agent

**KRAMER, ROBERT B  
9120 S.W. 46TH BLVD.  
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>KRAMER, ROBERT B</b>
STREET ADDRESS	<b>9120 S.W. 46 BLVD.</b>
CITY - ST - ZIP	<b>GAINESVILLE FL 32608</b>
TITLE	<b>DST</b>
NAME	<b>BZOCH, KEVIN J</b>
STREET ADDRESS	<b>9120 S.W. 46 BLVD.</b>
CITY - ST - ZIP	<b>GAINESVILLE FL 32608</b>
TITLE	<b>DV</b>
NAME	<b>ROWE, ROBERT R</b>
STREET ADDRESS	<b>9120 S.W. 46 BLVD.</b>
CITY - ST - ZIP	<b>GAINESVILLE FL 32608</b>
TITLE	<b>D</b>
NAME	<b>KASKEL, MATTHEW</b>
STREET ADDRESS	<b>9120 S.W. 46 BLVD.</b>
CITY - ST - ZIP	<b>GAINESVILLE FL 32608</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **Robert Kramer** **X 6/16/95**  
DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
GAINESVILLE, FLORIDA  
MAY 22 1995