

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000000460 (6)**

1. Corporation Name

SOUTHGATE OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5300 SW 91ST TERR
GAINESVILLE FL 32608
US

5300 SW 91ST TERR
GAINESVILLE FL 32608
US

3. Date Incorporated or Qualified

02/02/1993

3a. Date of Last Report

06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 5330 SW 91st Terrace

26 5330 SW 91st Terrace

4. FEI Number

59-3171772

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Gainesville, FL

28 Gainesville, FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32608

25 Alachua

29 32608

30 Alachua

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME DP
STREET ADDRESS KRAMER, ROBERT B
CITY-ST-ZIP 9120 S.W. 46 BLVD.
GAINESVILLE FL 32608

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME DST
STREET ADDRESS BZOCH, KEVIN J
CITY-ST-ZIP 9120 S.W. 46 BLVD.
GAINESVILLE FL 32608

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME DV
STREET ADDRESS ROWE, ROBERT R
CITY-ST-ZIP 9120 S.W. 46 BLVD.
GAINESVILLE FL 32608

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME D
STREET ADDRESS KASKEL, MATTHEW
CITY-ST-ZIP 9120 S.W. 46 BLVD.
GAINESVILLE FL 32608

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 119.07(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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

Daytime Phone #

CR2E037 (12/95)