


FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90095 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N93000000460		
1. Corporation Name SOUTHGATE OWNERS ASSOCIATION, INC.		
Principal Place of Business 5330 SW 91ST TERR. GAINESVILLE FL 32608 US	Mailing Address 5330SW 91ST TERR. GAINESVILLE FL 32608 US	



21	2a	3
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/02/1993
22	27	4
City & State	City & State	FEI Number
Zip	Zip	59-3171772
Country	Country	Applied For
25	30	Not Applicable
23	28	5
City & State	City & State	Certificate of Status Desired
24	29	8
Zip	Zip	8.75 Additional Fee Required
Country	Country	6
25	30	Election Campaign Financing
29	30	Trust Fund Contribution
30	30	5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MEDINA, RICK 5330 SW 91ST TERRACE GAINESVILLE FL 32608		81	Name
		Tracy Bair	
		82	Street Address (P.O. Box; Number is Not Acceptable)
		5330 SW 91st Terrace	
		83	City
		Gainesville, Florida 32608	
		84	State
		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: Tracy Bair - Agent DATE: 4-20-99

(Signature of Tracy Bair)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JEFF	1.2 NAME	
STREET ADDRESS	6010 SW 89TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, CYNTHIA ANN	2.2 NAME	Cindy Wall
STREET ADDRESS	8820 SW 61ST AVENUE	2.3 STREET ADDRESS	8320 SW 61st Avenue
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, Florida 32608
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, JEAN	3.2 NAME	
STREET ADDRESS	8921 SW 61ST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Jeffrey Wilson DATE: 4-20-99 DAYTIME PHONE #: (352) 335-7848

(Signature of Jeffrey Wilson)

CR2E037 (11/98)