

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90410 031 ****61.25

DOCUMENT # N93000000460
 1. Entity 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

14014020



2. Principal Place of Business
 5341 SW 91st Terrace

3. Mailing Address
 5341 SW 91st Terrace

Suite, Apt. #, etc.
 Suite A

Suite, Apt. #, etc.
 Suite A

02072005 Chg-NP CR2E037 (10/03)

City & State
 Gainesville, FL

City & State
 Gainesville, FL

4. FEI Number
 59-3171772

Applied For
 Not Applicable

Zip
 32608

Country
 Alachua

Zip
 32608

Country
 Alachua

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDINA, RICK
 5341 SW 91ST TERRACE, Suite A
 GAINESVILLE, FL 32608

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

Filing Fee is \$61.25
Due by May 1, 2005

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

DSTP Delete

EVANS, JEAN
 8921 SW 61ST AVENUE
 GAINESVILLE, FL 32608

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
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Change Addition

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Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

12. 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 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: Jean B. Evans 4/22/05 352-371-7114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *