

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002820

FILED
Jun 21, 2007
Secretary of State

Entity Name: SOUTHGATE APARTMENTS NON-PROFIT HOUSING INC.

Current Principal Place of Business:

5352 CHARLOTTE AVENUE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2911
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-3325858 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TENNANT, ROBERT L
9805 LELLA
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WASKO, ELEANOR
Address: 5430 CHARLOTTE AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DS () Delete
Name: BAER, JANE
Address: 5438 CHARLOTTE AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: REYNOLDS, JERRY
Address: 11723 PRIMROSE
City-St-Zip: TEMPLE TERRACE, FL

Title: D () Delete
Name: COLLINS, CATHERINE M
Address: 5412-104 CHARLOTTE AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR WASKO

DP

06/21/2007

Electronic Signature of Signing Officer or Director

Date