2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# N96000001546

Entity Name: SOUTH GATE HOME OWNERS, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-2605915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: PD ( ) Delete
Name: KLAUSE, ED
Address: 20000 US 19 NORTH, LOT 722
City-St-Zip: CLEARWATER, FL 33764

Title: VPD ( ) Delete
Name: WHITE, BOB
Address: 20000 US 19 N #209
City-St-Zip: CLEARWATER, FL 33764

Title: SD ( ) Delete
Name: POINTER, PETER
Address: 20000 US 19N LOT 706
City-St-Zip: CLEARWATER, FL 33764

Title: TD ( ) Delete
Name: VECHT, DONNY
Address: 20000 US 19 N LOT 704
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: O'BRIEN, PAT
Address: 20000 US 19 NORTH LOT 430
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: MCCARTHY, GERALD
Address: 2000 US 19 NORTH, LOT 723
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: AREL, GEORGE
Address: 20000 US 19 N #401
City-St-Zip: CLEARWATER, FL 33764

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

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

Title: D (X) Change ( ) Addition
Name: CONNER, LLOYD
Address: 20000 US 19 NORTH LOT 502
City-St-Zip: CLEARWATER, FL 33764

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ED KLAUSE PD 03/14/2006
Electronic Signature of Signing Officer or Director Date