


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90184 011 ****61.25

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DOCUMENT # N03000003011					
1. Entity Name TOWNGATE CONDOMINIUM SEVEN ASSOCIATION, INC.					
Principal Place of Business 888 KINGMAN RD HOMESTEAD, FL 33035			Mailing Address 888 KINGMAN RD HOMESTEAD, FL 33035		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01132006 Chg-NP CR2E037 (11/05)	
4. FEI Number 01-0776995				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATRICIA KIMBALL FLETCHER, P.A. C/O DUANE MORRIS LLP 200 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131			Name <u>SRRLP, Inc.</u> Street Address (P.O. Box Number is Not) <u>201 Alhambra Circle</u> <u>Suite 1102</u> City <u>Coral Gables</u> FL Zip Code <u>33134</u>		
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 <u>[Signature]</u>		Lisa Lerner, Secretary		3/3/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, ROBERT		NAME	Michael O'Connor	
STREET ADDRESS	16425 SW 89 AVE		STREET ADDRESS	2302 SE 24 AVE	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	Homestead FL 33035	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, MIKE		NAME	Ingrid Silva	
STREET ADDRESS	2302 SE 24 AVE		STREET ADDRESS	2318 SE 24 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOOSEMOORE, MELISSA		NAME	David Peel	
STREET ADDRESS	2301 SE 24 AVE		STREET ADDRESS	2311 SE 24 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWES, MARIA		NAME		
STREET ADDRESS	2319 SE 24 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, SHARON		NAME		
STREET ADDRESS	2302 SE 24 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u>			2-15-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #