

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90255 014 \*\*\*\*61.25

**DOCUMENT # 707156**

1. Entity Name

TOWNE APARTMENTS NO 2 ASSOCIATION INC., A  
CONDOMINIUM



Principal Place of Business

1825 N 17 COURT  
APT 5  
HOLLYWOOD FL 33020

Mailing Address

1825 N 17 COURT  
APT 5  
HOLLYWOOD FL 33020



2. Principal Place of Business

1825 N 17 CRT

Suite, Apt. #, etc.

6

3. Mailing Address

1825 N. 17 CRT

Suite, Apt. #, etc.

6

1st MOORE

CR2E037 (10/05)

City & State

HOLLYWOOD FLA

City & State

HOLLYWOOD FLA

4. FEI Number

65-0046718

Applied For

Not Applicable

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOZLOWSKI, RICHARD  
1825 N 17TH CT  
#5  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name DIANE NORMAND  
Street Address (P.O. Box Number is Not Acceptable)  
1825 N 17TH COURT  
APT 6  
City HOLLYWOOD FL Zip Code 33020

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GERADINE, DIANE 1825 N 17TH CT. HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CAMPEAU, GILLES 1825 N 17TH CT HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FELTON, BARBARA 1825 NORTH 17TH COURT HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOZLOWSKI, RICK 1825 NORTH 17THCOURT HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIANE NORMAND P.O. 1825 N 17TH COURT HOLLYWOOD FLA 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BARBARA FELTON SD 1825 N 17TH COURT HOLLYWOOD FLA 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barbara Felton Sec/Pres. 2-15-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 920 2403