

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -8 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709317 (2)
1. Corporation Name
TOWN HOUSE GARDENS, INC., A CONDOMINIUM

Principal Place of Business Mailing Address
9455 BAY HARBOR TERRACE BAY HARBOR ISLAND FL 33154

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/16/1965 | 3a. Date of Last Report 06/01/1994 |
| 4. FEI Number 59-1871372 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | | | |
|---|--|---|-------------|
| 9. Name and Address of Current Registered Agent DECKER, YETTA 9455 BAY HARBOR TERR BAY HARBOR ISL. FL 33154 | | 10. Name and Address of New Registered Agent | |
| B1 Name | | B2 Street Address (P.O. Box Number is Not Acceptable) | |
| B3 | | B4 City | |
| | | B5 FL | B6 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DECKER, YETTA | 1.2 NAME | |
| STREET ADDRESS | 9455 BAY HARBOR TERR | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | BAY HARBOR ISL. FL | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOBB, ROSE C. | 2.2 NAME | |
| STREET ADDRESS | 9455 BAY HARBOR TERR. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BAY HARBOR ISL. FL | 2.4 CITY - ST - ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLEIN, NITA | 3.2 NAME | |
| STREET ADDRESS | 9455 BAY HARBOR TERR. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BAY HARBOR ISL. FL | 3.4 CITY - ST - ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESPARZA, ZAYRE | 4.2 NAME | |
| STREET ADDRESS | 9455 BAY HARBOR TERR. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | BAY HARBOR ISL. FL | 4.4 CITY - ST - ZIP | |
| TITLE | TD | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEREZDIVAN, ABRAHAM | 5.2 NAME | |
| STREET ADDRESS | 9455 BAY HARBOR TERR | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | BAY HARBOR FL | 5.4 CITY - ST - ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORLEY, LIZA | 6.2 NAME | |
| STREET ADDRESS | 9455 BAY HARBOR TERR. | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | BAY HARBOR ISL. FL | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yetta Decker Date: March 3, 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR