

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 07/16/1965
3a. Date of Last Report: 03/08/1995
4. FEI Number: 59-1871372
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 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: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DECKER, YETTA	
STREET ADDRESS	9455 BAY HARBOR TERR	
CITY-ST-ZIP	BAY HARBOR ISL. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOBB, ROSE C.	
STREET ADDRESS	9455 BAY HARBOR TERR.	
CITY-ST-ZIP	BAY HARBOR ISL. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLEIN, NITA	
STREET ADDRESS	9455 BAY HARBOR TERR.	
CITY-ST-ZIP	BAY HARBOR ISL. FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ESPARZA, ZAYRE	
STREET ADDRESS	9455 BAY HARBOR TERR.	
CITY-ST-ZIP	BAY HARBOR ISL. FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BEREZDIVAN, ABRAHAM	
STREET ADDRESS	9455 BAY HARBOR TERR	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORLEY, LIZA	
STREET ADDRESS	9455 BAY HARBOR TERR.	
CITY-ST-ZIP	BAY HARBOR ISL. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ELISA HEYDERMAN
4.3 STREET ADDRESS	9455 BAY HARBOR TERR
4.4 CITY-ST-ZIP	BAY HARBOR ISL, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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: 1/24/96 305-864-8433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)