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Jun 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # 709317  
1. Corporation Name  
Town House Gardens, Inc. A Condominium

Principal Place of Business  
9455 Bay Harbor Terr  
Bay Harbor Isl FL 33154

Mailing Address  
Town House Gardens, Inc  
CREST PROPERTY MANAGEMENT, INC  
PO BOX 452347  
SUNRISE FL 33345

2. Principal Place of Business  
21 9455 Bay Harbor Terr 25  
Suite, Apt. #, etc.  
22  
City & State  
23 Bay Harbor Isl FL 28  
Zip Country Zip Country  
24 33154 25 USA 29 33354 30 USA

CREST PROPERTY MANAGEMENT  
PO BOX 452347  
SUNRISE FL 33345

3. Date Incorporated or Qualified 1965 3a. Date of Last Report  
4. FE Number 591871372 Applied For Not Applicable  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name CREST Property Mgmt  
82 Street Address (P.O. Box Number is Not Acceptable) 4700 HIATUS Road  
83 Suite 156  
84 City Sunrise FL 85 Zip Code 33351

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 [Signature] Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

5/28/97 DATE

12. OFFICERS AND DIRECTORS

TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	TOM BRAVERMAN	
STREET ADDRESS	9455 Bay Harbor Terr N8	
CITY-ST-ZIP	Bay Harbor Isl, FL 33154	
TITLE	Sec/D	<input type="checkbox"/> DELETE
NAME	ELLEN HEYDEMANN	
STREET ADDRESS	9455 Bay Harbor Terr 57	
CITY-ST-ZIP	Bay Harbor Isl FL 33154	
TITLE	TREAS/D	<input type="checkbox"/> DELETE
NAME	JANINE JAMET	
STREET ADDRESS	9455 Bay Harbor Terr N 2	
CITY-ST-ZIP	Bay Harbor Isl FL 33154	
TITLE	Pres/D	<input checked="" type="checkbox"/> DELETE
NAME	Steve Keith	
STREET ADDRESS	9455 Bay Harbor Terr 54	
CITY-ST-ZIP	Bay Harbor Isl FL 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/97 (954) 746-4357 Date Daytime Phone 4

CR2E037 (9/96)