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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 C/O CREST PROPERTY MANAGEMENT, INC. PO BOX 452347 SUNRISE FL 33345
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3. Date Incorporated or Qualified 07/16/1965	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1871372		
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
**CREST PROPERTY MGMT.
4700 HIATUS ROAD
SUITE 156
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 *Donald R. [Signature]* DATE **4/1/98**

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

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRAVERMAN, TOM	
STREET ADDRESS	9455 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEYDEMANN, ELLEN	
STREET ADDRESS	9455 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JAMET, JANNE	
STREET ADDRESS	9455 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KEITH, STEVE	
STREET ADDRESS	9455 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLAND 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	PVD	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input 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	* 1096	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	3/24/98	
5.3 STREET ADDRESS	\$61.25	
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 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 on an attachment with an address.

SIGNATURE: *Tom Braverman*

CR2E037 (10/97)