


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90207 006 \*\*\*\*61.25

<b>DOCUMENT # 709317</b>	
1. Entity 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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01010370



2. Principal Place of Business	3. Mailing Address USA SERVICES
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3061 W. LAKEVISTA CLE.
City & State	City & State FT. LAUDERDALE, FL
Zip	Country 33328 USA

04192004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

CREST PROPERTY MGMT.  
 4700 HIATUS ROAD  
 SUITE 156  
 SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name **PAUL J SHAPIRO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2771 TREASURE COVE CIRCLE**  
 City **FT LAUDERDALE FL** Zip Code **33312**

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 *Paul J Shapiro* DATE 4/19/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEYDEMANN, ELLEN 9455 BAY HARBOR TERRACE BAY HARBOR ISLAND, FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OGUNDO, DANIA 9455 BAY HARBOR TERR BAY HARBOR, FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANN, MEIR 9455 BAY HARBOR TERR BAY HARBOR, FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, SETH 9455 BAY HARBOR TER # 2N BAY HARBOR ISLAND, FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNANI, ROBERT 9455 BAY HARBOR TER # 5N BAY HARBOR ISLAND, FL 33154 <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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9455 BAY HARBOR TER # 7S BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD OGUNDO, YDANIA 9455 BAY HARBOR TER # 4S BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9455 BAY HARBOR TER # 8S BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: *X Meir Pann* MEIR PANN DATE 4/21/04 (395) 861 8228  
Signature and typed or printed name of signing officer or director Date Daytime Phone #