


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

3/

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90050 009 \*\*\*\*61.25

**DOCUMENT # 709317**  
 1. Entity Name  
**TOWN HOUSE GARDENS, INC. A CONDOMINIUM**



Principal Place of Business 9455 BAY HARBOR TERRACE BAY HARBOR ISLAND, FL 33154	Mailing Address P O BOX 653637 MIAMI, FL 33265
---	--

66004665



**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1871372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

THOMAS, RUSIN  
 9455 BAY HARBOR TERRACE  
 8N  
 BAY HARBOR ISLAND, FL 33154

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSIN, THOMAS 9455 BAY HARBOR TERR., #8N BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANGEL, RAUL 9455 BAY HARBOR TERR., #8S BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BONANI, ROBERT 9455 BAY HARBOR TERR., #5N BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGEE, MARY 9455 BAY HARBOR TERR #7N BAY HARBOUR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3/2/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR OFFICER OR DIRECTOR Date Daytime Phone #