## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 01 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name

appears in Block #2 or Blo

SIGNATURE

745484

(6)

## TREEBERRY TOWNHOUSE ASSOCIATION, INC.

| Principal Place of Business                                |                                                   | Mailing Address                                                 |                | 1 102/10 120/1 2/2/1 (All Aleas 14/1) 2/2/1 2/2/1 2/2/1 2/2/1 2/2/1 2/2/1 |                                                                                          |                                  |
|------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|----------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------|
| C/O CMD MANAGEMENT<br>3082 JOG ROAD<br>LAKE WORTH FL 33463 |                                                   | C/O CMD MANAGEMENT<br>3082 JOG ROAD<br>LAKE WORTH FL 33467-2053 |                | <b>\</b>                                                                  |                                                                                          |                                  |
|                                                            |                                                   |                                                                 |                |                                                                           |                                                                                          |                                  |
|                                                            |                                                   |                                                                 |                | 9. Data taperpareted as Qualified                                         | 3a. Date of Last Report                                                                  |                                  |
|                                                            |                                                   |                                                                 |                |                                                                           | 3. Date Incorporated or Qualified 01/08/1979                                             | 05/01/1996                       |
| 2. Principal Pl                                            | ace of Business                                   | 2a. Mailing Address                                             |                | 4. FEI Number                                                             | Applied For                                                                              |                                  |
| 21                                                         |                                                   | 26                                                              |                | 51-0249342                                                                | Not Applicable                                                                           |                                  |
| Suite, Apt. #, etc                                         |                                                   | Suite, Apt. #, etc.                                             |                |                                                                           | CO 75 + 100                                                                              |                                  |
| 22                                                         |                                                   | 27                                                              | 27             |                                                                           | 5. Certificate of Status Desired                                                         | Fee Required                     |
| City & State                                               |                                                   | City & State                                                    |                |                                                                           | 6. Election Campaign Financing                                                           | \$5.00 May Be                    |
| 23                                                         |                                                   | 28                                                              | 28             |                                                                           | Trust Fund Contribution                                                                  | Added to Fees                    |
| Zip                                                        | Country                                           | Zip                                                             | Cou            | intry                                                                     | 8. This corporation has liability for                                                    | ntangible tax under s. 199.032,  |
| 24                                                         | 25                                                | 29                                                              | 30             |                                                                           | Florida Statutes                                                                         | Yes No                           |
|                                                            | 9. Name and Address of Currer                     | nt Registered Agent                                             |                |                                                                           | 10. Name and Address of New Re                                                           | gistered Agent                   |
|                                                            |                                                   |                                                                 |                | 81 Name                                                                   |                                                                                          |                                  |
| ROSENTHAL, DAVID C.                                        |                                                   |                                                                 |                | 82 Street A                                                               | ddress (P.O. Box Number is Not Acceptab                                                  | do.                              |
| 3082 JO                                                    |                                                   |                                                                 |                | OE SUBBLY                                                                 | duress (P.O. Box Number is Not Acceptat                                                  | ne)                              |
|                                                            | ORTH FL 33467                                     |                                                                 |                | B3                                                                        |                                                                                          |                                  |
| Date III                                                   | OHIII I E 5010.                                   |                                                                 |                |                                                                           |                                                                                          |                                  |
|                                                            |                                                   |                                                                 |                | 84 City                                                                   |                                                                                          | FL 85 Zip Code                   |
| 11 Pursuant t                                              | to the provisions of Sections 617 050             | 2 and 617 1508 Florida St                                       | atutes the at  | nove-named c                                                              | ornoration submits this statement for the n                                              |                                  |
| office or re                                               | egistered agent, or both, in the State            | of Florida. Such change w                                       | as authorize   | d by the corpo                                                            | orporation submits this statement for the poration's board of directors. I hereby accept | ot the appointment as registered |
| agent. I ar                                                |                                                   |                                                                 | , Florida Stal | utes.                                                                     |                                                                                          |                                  |
| SIGNATURE                                                  | Signature typed or printed name of registered age |                                                                 | NOTE Projetova | Agent singet up to                                                        | 2 - 5<br>equired when reinstating)                                                       | DATE                             |
| 12.                                                        | OFFICERS AN                                       |                                                                 | 13.            | 1 Want siftigrate ii                                                      | ADDITIONS/CHANGES TO OFFIC                                                               | CERS AND DIRECTORS IN 12         |
| TITLE                                                      | <del>PB-</del>                                    | DELETE                                                          | 1.1 7          | TLF                                                                       | NOOTHOROGO PARAGEO TO CITT                                                               | Change Addition                  |
| NAME                                                       | HERNANDEZ, GABRIEL                                | No.                                                             | 1.2 N          | 4                                                                         |                                                                                          |                                  |
| i                                                          | 4221 TURNBERY OIR #11                             |                                                                 | 1              | REET ADDRESS                                                              |                                                                                          |                                  |
| STREET ADDRESS                                             | LAKE WORTH FL                                     |                                                                 | 1              | 1                                                                         |                                                                                          |                                  |
| CITY-ST-ZIP                                                |                                                   | DELETE                                                          | 2.1 Ti         | TY-ST-ZIP                                                                 |                                                                                          | Change Addition                  |
| TITLE                                                      | VD                                                |                                                                 |                |                                                                           |                                                                                          | CT plane CT vocation             |
| NAME                                                       | KIRK, TONY                                        |                                                                 | 2.2 N          |                                                                           |                                                                                          |                                  |
| STREET ADDRESS                                             | 4165 TURNBERRY CIR #24                            |                                                                 | 1              | REET ADDRESS                                                              |                                                                                          |                                  |
| CITY-ST-ZIP                                                | LAKE WORTH FL                                     | ☐ DELETE                                                        |                | ITY-ST-ZIP                                                                |                                                                                          | ☐ Change ☐ Addition              |
| TITLE                                                      | SD<br>CILL BUDGE                                  | T) DETER                                                        | 3.1 TI         |                                                                           |                                                                                          | Change L Addition                |
| NAME                                                       | GILL, JUDITH                                      |                                                                 | 3.2 N          |                                                                           |                                                                                          |                                  |
| STREET ADDRESS                                             | 4161 TURNBERRY CIR #28                            |                                                                 |                | FREET ADDRESS                                                             | ·                                                                                        |                                  |
| CITY-ST-ZIP                                                | LAKE WORTH FL                                     |                                                                 |                | ITY-ST-ZIP                                                                |                                                                                          |                                  |
| TITLE                                                      | TD                                                | LII DELETE                                                      | 4,1 TI         | TLE                                                                       |                                                                                          | Change Addition                  |
| NAME                                                       | ROSENFELD, LEE                                    |                                                                 | 4. 2 N         | AME                                                                       |                                                                                          |                                  |
| STREET ADDRESS                                             | 4215 TURNBERRY CIRCLE #                           | 401                                                             | 4.3 S          | TREET ADDRESS                                                             |                                                                                          |                                  |
| CITY - ST - ZIP                                            | LAKE WORTH, FL 00000                              |                                                                 | 4.4 C          | TY-ST-ZIP                                                                 |                                                                                          |                                  |
| TITLE                                                      | D                                                 | ☐ DELETE                                                        | 5.1 TI         | TLE                                                                       | , —                                                                                      | Change Addition                  |
| NAME                                                       | KALLIO, MARGARET                                  |                                                                 | 5.2 N          | AME                                                                       |                                                                                          |                                  |
| STREET ADDRESS                                             | 4220 TURNBERRY CIR #14                            |                                                                 | 5.3 S          | TREET ADDRESS                                                             |                                                                                          |                                  |
| CITY-ST-ZIP                                                | LAKE WORTH FL                                     |                                                                 | 5.4 0          | TY-ST-ZIP                                                                 |                                                                                          |                                  |
| TITLE                                                      |                                                   | DELETE                                                          | 6.1 Ti         |                                                                           |                                                                                          | ☐ Change ☐ Addition              |
| NAME                                                       |                                                   |                                                                 | 6.2 N          | AME                                                                       |                                                                                          |                                  |
| STREET ADDRESS                                             |                                                   |                                                                 |                | TREET ADDRESS                                                             |                                                                                          |                                  |
| CHTY-ST-ZIP                                                |                                                   |                                                                 |                | ITY-ST-ZIP                                                                |                                                                                          |                                  |
| 0111701720                                                 |                                                   |                                                                 |                | 11 - W1 E11                                                               |                                                                                          |                                  |

14. I do hereby certify that the information supplied with this filling 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 prector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

hanged, or on an attachment with an address.