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FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **749627** (6)

1. Corporation Name

TOWNHOMES OF AUDUBON ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 926  
HOMESTEAD FL 33090P.O. BOX 926  
HOMESTEAD FL 330903. Date Incorporated or Qualified  
**11/01/1979**3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIEDER, ED  
% DADE SOUTH ACCOUNTING, INC.  
325 NORTH KROME AVENUE  
HOMESTEAD FL 33030

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relistening)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME MORTON, JOYEL  
STREET ADDRESS 1281 SANDPIPER BLVD  
CITY-ST-ZIP HOMESTEAD FL1.1 TITLE ☐ Change ☐ Addition

NAME MORTON, JOYEL

STREET ADDRESS 1281 SANDPIPER BLVD

CITY-ST-ZIP HOMESTEAD FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETENAME DODD, BETTY  
STREET ADDRESS 1281 SANDPIPER BLVD  
CITY-ST-ZIP HOMESTEAD FL2.1 TITLE ☐ Change ☐ Addition

NAME DODD, BETTY

STREET ADDRESS 1281 SANDPIPER BLVD

CITY-ST-ZIP HOMESTEAD FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE STD ☐ DELETENAME MORTON, NELL  
STREET ADDRESS 1281 SANDPIPER BLVD  
CITY-ST-ZIP HOMESTEAD FL3.1 TITLE ☐ Change ☐ Addition

NAME MORTON, NELL

STREET ADDRESS 1281 SANDPIPER BLVD

CITY-ST-ZIP HOMESTEAD FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE SA ☐ DELETENAME BRACE, MICHAEL  
STREET ADDRESS 1338 BITTERN LANE  
CITY-ST-ZIP HOMESTEAD FL4.1 TITLE ☐ Change ☐ Addition

NAME BRACE, MICHAEL

STREET ADDRESS 1338 BITTERN LANE

CITY-ST-ZIP HOMESTEAD FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078262

CR2E037 (9/96)