

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **752769**

1. Entity Name

THE TOWN HOUSE APARTMENTS 1, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90040 010 ****61.25

Principal Place of Business 111 NORTH L STREET P.O. BOX 290 LAKE WORTH FL 33460 US	Mailing Address POST OFFICE BOX 290 LAKE WORTH FL 33460-0290 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2080451	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GALLO, JOSEPH J.
2338 SARATOGA BAY DRIVE
P.O. BOX 1469
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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.

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

**FILE NOW:
FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME GALLO, JOSEPH J.	
STREET ADDRESS 2338 SARATOGA BAY DR.	
CITY-ST-ZIP W. PALM BCH. FL	
TITLE TD	<input type="checkbox"/> Delete
NAME GALLO, GENEVIEVE L.	
STREET ADDRESS 2338 SARATOGA BAY DR.	
CITY-ST-ZIP W. PALM BCH. FL	
TITLE SD	<input type="checkbox"/> Delete
NAME GRONEK, KENNETH A	
STREET ADDRESS 22112 COPE LARE DR	
CITY-ST-ZIP MILTON FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Joseph J. Gallo* **JOSEPH J. GALLO** 4/3/00 561-697-9394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)