


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90194 023 ****61.25

DOCUMENT # 752769			
1. Entity Name THE TOWN HOUSE APARTMENTS 1, INC.			
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 US	
2. Principal Place of Business 111 NORTH L ST.		3. Mailing Address 116 E. OCEAN AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE WORTH FL		City & State LANTANA FL	
4. FEI Number 59-2080451		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 PETER COLANGELO Street Address (P.O. Box Number is Not Acceptable) 116 E. OCEAN AVE City LANTANA FL Zip Code 33462	
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 <i>Peter Colangelo</i> DATE 4-27-05 <i>PETER COLANGELO</i> (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME GALLO, JOSEPH J. STREET ADDRESS 2338 SARATOGA BAY DR. CITY-ST-ZIP W. PALM BCH., FL	<input checked="" type="checkbox"/> Delete	TITLE PD NAME PETER COLANGELO STREET ADDRESS 116 E. OCEAN AVE CITY-ST-ZIP LANTANA FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME GALLO, GENEVIEVE L. STREET ADDRESS 2338 SARATOGA BAY DR. CITY-ST-ZIP W. PALM BCH., FL	<input checked="" type="checkbox"/> Delete	TITLE VD NAME GARY BO ALLEN STREET ADDRESS 116 E. OCEAN AVE. CITY-ST-ZIP LANTANA FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME GRONEK, KENNETH A STREET ADDRESS 574 N.W. WAVERLY CIR. CITY-ST-ZIP PORT SAINT LUCIE, FL 34983	<input checked="" type="checkbox"/> Delete	TITLE TD NAME RICHARD McMILLAN STREET ADDRESS 116 E. OCEAN AVE CITY-ST-ZIP LANTANA FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>Peter Colangelo, Pres.</i> PETER COLANGELO		Date 4-27-05 Daytime Phone # 547-6575	