


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90019 027 ****61.25

DOCUMENT # 761732

1. Entity Name
TOWNHOMES OF COUNTRY VILLAGE ASSOCIATION INC.



Principal Place of Business
 P.O. BOX 170367
 HIALEAH, FL 33017 US

Mailing Address
 P.O. BOX 170367
 HIALEAH, FL 33017-0367

24076324



2. Principal Place of Business
PO BOX 630280

3. Mailing Address
PO BOX 630280

Suite, Apt. #, etc.

02132004 Chg-NP CR2E037 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33163-0280

Country
DADE

Zip
33163-0280

Country
DADE

4. FEI Number
59-2267755

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KREMEN, MARSHALL
ASSOCIATION MANAGEMENT GROUP
500 WEST CYPRESS CREEK #230
FT LAUDERDALE, FL 33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JIMENEZ, MARIO	
STREET ADDRESS	19120 NW 65 COURT	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	PO	<input checked="" type="checkbox"/> Delete
NAME	ESTRADA, JERRY	
STREET ADDRESS	18831 NW 63 COURT	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRYAN, MARK	
STREET ADDRESS	6324 NW 188 LANE	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRUNY, ANNE MARIE	
STREET ADDRESS	19160 NW 65 COURT	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANABRIA, LILLIAN	
STREET ADDRESS	19060 NW 65 COURT	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK NENDEL	
STREET ADDRESS	18851 NW 64 CT	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY ROTUNDO	
STREET ADDRESS	6225 NW 190 TERR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	GO, TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON FRANKLIN	
STREET ADDRESS	19253 NW 64 COURT	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA MUSICA	
STREET ADDRESS	6363 NW 190 TERR	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA TAYLOR	
STREET ADDRESS	19025 NW 64 COURT	
CITY-ST-ZIP	HIALEAH FL 33015	
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: M. F. Nengel Date: 5/10/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR