


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **767362** (7)
1. Corporation Name
TOWNHOUSES BY THE SEA HOMEOWNERS ASSOCIATION, INC



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|---|--|
| Principal Place of Business 210 WASHINGTON AVE LAUDERDALE BY THE SEA FL 33308 | Mailing Address 210 WASHINGTON AVE LAUDERDALE BY THE SEA FL 33308-3622 |
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| 3. Date Incorporated or Qualified 03/09/1983 | 3a. Date of Last Report 04/09/1996 |
| 4. FEI Number 59-2369996 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|--|---|
| 2. Principal Place of Business 212 WASHINGTONIA AVE Suite, Apt. #, etc. | 2a. Mailing Address 212 WASHINGTONIA AVE Suite, Apt. #, etc. |
| 22. City & State LAUDERDALE BY THE SEA, FL | 27. City & State LAUDERDALE BY THE SEA, FL |
| 24. Zip 33308-3629 | 25. Country U.S.A. |
| 28. Zip 33308-3629 | 30. Country U.S.A. |

9. Name and Address of Current Registered Agent
**MELCHIORE, CHARLES
210 WASHINGTON AVE
LAUDERDALE BY THE SEA FL 33308**

| | |
|--|--|
| 10. Name and Address of New Registered Agent | |
| 81. Name JACQUELINE W. BATLIE | 82. Street Address (P.O. Box Number is Not Acceptable) 212 WASHINGTONIA AVENUE |
| 83. City LAUDERDALE BY THE SEA FL | 85. Zip Code 33308-3629 |

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 617.0103, Florida Statutes.

SIGNATURE *Jacqueline W. Batlie* SECRETARY / TREASURER 4.2.97
(NOTE: Registered Agent signature required when relinquishing) DATE

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|------------------------|--|
| TITLE | PD | |
| NAME | MELCHIORE, CHARLES | |
| STREET ADDRESS | 210 WASHINGTON AVE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ARROWOOD, ROSEMARIE | |
| STREET ADDRESS | 204 WASHINGTON AVE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CAREY, ELAINE | |
| STREET ADDRESS | 208 WASHINGTONIA AVE. | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BATLIE, JACQUELINE | |
| STREET ADDRESS | 212 WASHINGTONIA AVE | |
| CITY-ST-ZIP | LAUDERDALE-BY-THE-SEA, | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | DONAGHY, JAMES A. | |
| STREET ADDRESS | 208 WAHSINGTON AVE | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|-----------------------|--|
| 1.1 TITLE | D | |
| 1.2 NAME | MELCHOIR, CHARLES | |
| 1.3 STREET ADDRESS | 210 WASHINGTONIA AVE | |
| 1.4 CITY-ST-ZIP | FORT LAUDERDALE | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | DR. CORTEGUERA, H.J. | |
| 2.3 STREET ADDRESS | 204 WASHINGTONIA AVE | |
| 2.4 CITY-ST-ZIP | FT LAUDERDALE | |
| 3.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | CAREY, ELAINE | |
| 3.3 STREET ADDRESS | 208 WASHINGTONIA AVE | |
| 3.4 CITY-ST-ZIP | FORT LAUDERDALE | |
| 4.1 TITLE | T/S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | BATLIE, JACQUELINE | |
| 4.3 STREET ADDRESS | 212 WASHINGTONIA AVE. | |
| 4.4 CITY-ST-ZIP | LAUDERDALE-BY-THE-SEA | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | DONAGHY, JAMES A | |
| 5.3 STREET ADDRESS | 206 WASHINGTONIA AVE | |
| 5.4 CITY-ST-ZIP | FT LAUDERDALE FL | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 *Jacqueline W. Batlie* 4.2.97 (964) 771 9015

CR2E037 (9/96)