

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767362

1. Corporation Name

TOWNHOUSES BY THE SEA HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

212 WASHINGTON AVE
LAUDERDALE BY THE SEA FL 33308
US

Mailing Address

212 WASHINGTON AVE
LAUDERDALE BY THE SEA FL 33308
US

2. Principal Place of Business

212 WASHINGTON AVE

2a. Mailing Address

212 WASHINGTON AVE

Suite, Apt. #, etc.

HOUSE

Suite, Apt. #, etc.

HOUSE

City & State

LAUDERDALE BY THE SEA FL

City & State

LAUDERDALE BY THE SEA, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

9. Name and Address of Current Registered Agent

BATTLE, JACQUELINE W.
212 WASHINGTON AVE
LAUDERDALE BY THE SEA FL 33308

10. Name and Address of New Registered Agent

81 Name GLORIA MELCHIORE
82 Street Address (P.O. Box Number is Not Acceptable)
212 WASHINGTON AVE
83
84 City LAUDERDALE BY THE SEA FL 85 Zip Code 33308

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

Mrs. Gloria Melchione (GLORIA MELCHIORE) Elaine V. Carey (ELAINE CAREY)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-10-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MELCHIORE, GLORIA	
STREET ADDRESS	210 WASHINGTON AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CORTEGUERA, H.J.	
STREET ADDRESS	204 WASHINGTON AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CAREY, ELAINE	
STREET ADDRESS	208 WASHINGTON AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	BATTLE, JACQUELINE	
STREET ADDRESS	212 WASHINGTON AVE	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA,	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DONAGHY, JAMES A.	
STREET ADDRESS	206 WASHINGTON 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

1.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN ZIEBA	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	GREGORY KOLOCAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA MELCHIORE
ELAINE V. CAREY

Date

Daytime Phone #

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90028 048 ****61.25



CR2E037 (5/99)