

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-07-2007 90048 009 ***61.25

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/06)

07

DOCUMENT # 767362 1. Entity Name TOWNHOUSES BY THE SEA HOMEOWNERS ASSOCIATION, INC					
Principal Place of Business 206 WASHINGTONIA AVE LAUDERDALE BY THE SEA FL 33308 US			Mailing Address 206 WASHINGTONIA AVE LAUDERDALE BY THE SEA FL 33308 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2369996 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KOLOCAS, GREGORY 206 WASHINGTONIA AVE LAUDERDALE BY THE SEA FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY-STATE-ZIP	PD MELCHIORE, GLORIA 210 WASHINGTONIA AVE. LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD BARTELUCE, SARA 208 WASHINGTONIA AVE. LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD ZIEBA, JOHN 212 WASHINGTONIA AVE. LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T KOLOCAS, GREGORY 206 WASHINGTONIA AVE. LAUDERDALE-BY-THE-SEA FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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 exemptions contained in Section 119, 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 empower					
SIGNATURE: <i>Gregory Kolocas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER</small>		Gregory Kolocas 206 Washingtonia Ave. Laud by Sea, FL 33308		2/1/07 954 771 0295 <small>Date Daytime Phone #</small>	