

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90222 028 \*\*\*\*61.25

**DOCUMENT # N00000002329**



1. Entity Name  
**16TH AVENUE TOWNHOUSES, INC.**

Principal Place of Business  
**1255 W. ATLANTIC BLVD.  
OFFICE 314  
POMPANO BCH FL 33069**

Mailing Address  
**1255 W. ATLANTIC BLVD.  
OFFICE 314  
POMPANO BCH FL 33069**

**55049816**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**  
Applied For  
Not Applicable

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**BEIGHLEY, ADAM S  
1255 W. ATLANTIC BLVD.  
OFFICE 314  
POMPANO BCH FL 33069**

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$81.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **MYRICK, EDWARD L JR**  
STREET ADDRESS **1255 W ATLANTIC BLVD F-2**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD**  Delete  
NAME **MYRICK, JAMES**  
STREET ADDRESS **1255 W ATLANTIC BLVD F-2**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T**  Delete  
NAME **BEIGHLEY, ADAM**  
STREET ADDRESS **1255 W ATLANTIC BLVD F-2**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **Lori Eickleberry**  
STREET ADDRESS **535 NE 16th Ave**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **Kimberly Schwetzer**  
STREET ADDRESS **531 NE 16th Ave**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **Terje Bye**  
STREET ADDRESS **533 NE 16th Ave**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE  Change  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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 954-784-3298  
Date Daytime Phone #

CR2E037 (10/02)