

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11697** (2)

1. Corporation Name
THE TOWNHOMES AT DEERWOOD VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 12515 N. KENDALL DRIVE, SUITE 430, MIAMI FL 33183
Mailing Address: 12515 N. KENDALL DRIVE, SUITE 430, MIAMI FL 33183

3. Date Incorporated or Qualified: 10/21/1985
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-2787745		Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State		<input type="checkbox"/>	
25	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30	Country	30	Country		<input type="checkbox"/>	
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREENE, ROBERT 12515 N. KENDALL DR SUITE 430 MIAMI FL 33186				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Robert Greene* ROBERT GREENE DATE: 4-26-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	FRANKE, WILLIAM E	1.2 NAME	
STREET ADDRESS	12515 N. KENDALL DRIVE, SUITE 430	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	SHIPLEY, JOHN W	2.2 NAME	
STREET ADDRESS	12515 N. KENDALL DRIVE, SUITE 430	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	WEYGANDT, DAVID W	3.2 NAME	
STREET ADDRESS	12515 N. KENDALL DRIVE, SUITE 430	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	GREENE, ROBERT P	4.2 NAME	
STREET ADDRESS	12515 N. KENDALL DRIVE, SUITE 430	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	DISHON, DIANE	5.2 NAME	
STREET ADDRESS	12515 N. KENDALL DRIVE, SUITE 430	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William E Franke* DATE: 4-26-96 DAYTIME PHONE #: 314-576-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)