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FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90083 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

* 372126 - 90030 - 1 *

DOCUMENT # N14078

1. Corporation Name

TOWNHOMES AT ORANGE DRIVE HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
C/O DANIEL L. DAMMYER, CPA 5975 WEST SUNRISE BLVD., STE 205D SUNRISE FL 33313	C/O DANIEL L. DAMMYER, CPA 5975 WEST SUNRISE BLVD., STE 205D SUNRISE FL 33313

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 03/27/1986
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-2695211 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAMMYER, DANIEL L., CPA 5975 WEST SUNRISE BLVD. #216 SUNRISE FL 33313	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	CRETSINGER, LLOYD		1.2 NAME	Ellen Feinberg	
STREET ADDRESS	7050 SW 42ND COURT		1.3 STREET ADDRESS	7110 SW 42 CT #2101	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	Davie FL 33314	
TITLE	VPD	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	HILL, SUZANNE		2.2 NAME	John Andreoni	
STREET ADDRESS	4329 SW 70TH TERRACE		2.3 STREET ADDRESS	7065 SW 42 CT #2401	
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP	Davie FL 33314	
TITLE	SD	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	WITHROW, ROBIN		3.2 NAME	Kevin Birtus	
STREET ADDRESS	4200 SW 70TH TERRACE		3.3 STREET ADDRESS	7125 SW 42 PL # 1703	
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP	Davie FL 33314	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEST, JEFF		4.2 NAME		
STREET ADDRESS	4408 SW 70TH TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHAW, MARY (		5.2 NAME		
STREET ADDRESS	4345 SW 70TH TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		5.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ZEIGLER, SCOTT		6.2 NAME		
STREET ADDRESS	7061 SW 42ND CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33314		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Lloyd Cretsinger SIGNATURE REQUIRED 2-24-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #