


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004368

1. Entity Name
TOWNHOUSE WOODS ASSOC. # 1 INC.



Principal Place of Business Mailing Address

519 NE 19 ST 519 NE 19 ST
 FT LAUDERDALE, FL 33305 FT LAUDERDALE, FL 33305



04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-2089642 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LYNCH, J DAVID
224 COMMERCIAL BLVD., #310
LAUD BY THE SEA, FL 33308

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

U00000522601
 05/03/06-80037-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LYNCH, J D
STREET ADDRESS	519 N.E. 19 STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	D
NAME	IMPELLITIER, BECKY
STREET ADDRESS	517 N.E. 19 STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	D
NAME	BYERS, MARY
STREET ADDRESS	525 NE 19 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered.

SIGNATURE: J. David Lynch 4/14/06 954 771 7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #