

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 25, 2009
Secretary of State**

DOCUMENT# N97000004368

Entity Name: TOWNHOUSE WOODS ASSOC. # 1 INC.

Current Principal Place of Business:

519 NE 19 ST
FT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

519 NE 19 ST
FT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 59-2089642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYNCH, J D
Address: 519 N.E. 19 STREET
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: IMPELLITIER, BECKY
Address: 517 N.E. 19 STREET
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: BYERS, MARY
Address: 525 NE 19 STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. DAVID LYNCH

D

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date