## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004368

Entity Name: TOWNHOUSE WOODS ASSOC. # 1 INC.

**Current Principal Place of Business:** 

523 NE 19 ST

WILTON MANORS. FL 33305

**Current Mailing Address:** 

25 HIGH STREET

407

PORTLAND. ME 04101 US

FEI Number: 59-2089642 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHELLEY, W KIRBY 523 NE 19TH ST

WILTON MANORS, FL 33305 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: W KIRBY SHELLEY 01/06/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

**DIRECTOR** TREASURER, SECRETARY Title Title

Name IMPELLITIER, BECKY Name BILLINGS, ERIC A Address 517 N.E. 19 STREET 25 HIGH STREET

Address 407

WILTON MANORS FL 33305

City-State-Zip: PORTLAND ME 04101

**PRESIDENT** Title

City-State-Zip:

Title VΡ Name SHELLEY, W KIRBY Name

LITTLE. WAYNE Address 523 NE 19TH ST Address 521 NE 19TH ST

WILTON MANORS FL 33305 City-State-Zip: City-State-Zip: WILTON MANORS FL 33305

Title **DIRECTOR** 

Title **DIRECTOR** DEL PINO. SERGIO Name Name BYERS, MARY Address 521 NE 19TH ST

Address 525 NE 19TH ST City-State-Zip: WILTON MANORS FL 33305

City-State-Zip: WILTON MANORS FL 33305

**DIRECTOR** Title Name LYNCH, DAVID

Address 519 NE 19TH STREET

City-State-Zip: WILTON MANORS FL 33305

I hereby 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 all other like empowered.

01/06/2023 SIGNATURE: ERIC A BILLINGS TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Jan 06, 2023

**Secretary of State** 

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