## 2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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:** 

523 NE 19 ST

WILTON MANORS. FL 33305 US

FEI Number: 59-2089642 Certificate of Status Desired: No

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 01/06/2021

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title **TREASURER** IMPELLITIER, BECKY Name BYERS, MARY Name

517 N.E. 19 STREET Address **525 NE 19 STREET** Address

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

VΡ Title Title **PRESIDENT** 

Name LITTLE, WAYNE SHELLEY, W KIRBY Name Address 521 NE 19TH ST Address 523 NE 19TH ST

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

Title **DIRECTOR** 

**DELFINO. SERGIO** Name 521 NE 19TH ST Address

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.

SIGNATURE: W KIRBY SHELLEY Electronic Signature of Signing Officer/Director Detail **PRESIDENT** 

01/06/2021

**FILED** Jan 06, 2021

**Secretary of State** 

0682627001CR

Date

Date