

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 359021

FILED
Mar 20, 2009
Secretary of State

Entity Name: TOWN PARK VILLAGE NO 1, INC

Current Principal Place of Business:

1680 N. W. 4TH AVE.
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1680 N. W. 4TH AVE.
MIAMI, FL 33136

New Mailing Address:

FEI Number: 59-1793411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHRIER & ASSOCIATES OF FLORIDA INC
6801 DIANA COURT
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

EMAMI, SHAHRZAD ESQ
3000 BISCAYNE BLVD
SUITE 500
MIAMI, FL 33137 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: SHAHRZAD EMAMI

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: STRACHAN, MONIQUE
Address: 540 NW 17TH STREET, #5-D
City-St-Zip: MIAMI, FL 33136

Title: VS () Delete
Name: WALKER, PATTIE
Address: 1620 NW 4TH AVE., #13-H
City-St-Zip: MIAMI, FL 33136

Title: P () Delete
Name: SLATER, LILLIAN
Address: 1640 N.W. 4TH AVE #10-C
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: LESTER-ALTEME, DANA
Address: 1640 NW 4TH AVE. #10-B
City-St-Zip: MIAMI, FL 33136

Title: S () Delete
Name: MILSON, DANA
Address: 1640 NW 4TH AVE. #3-A
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: SLATER, LILLIAN
Address: 1640 N.W. 4TH AVE #10-C
City-St-Zip: MIAMI, FL

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN SLATER

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date