2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90090 030 ****61.25

DOCUMENT # 704068

1. Entity Name

TOWN ATHLETIC CLUB,INC.

Principal Place of Business	Mailing Address
10725 NE 6TH AVE. MIAMI FL 33161 US	10725 NE 6TH AVE MIAMI FL 33161 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0949880 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEOPOLD, NORMAN
THE IVES BUILDING
20801 BISCAYNE BLVD., SUITE 501
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name: LES FAUNCE

Street Address (P.O. Box Number is Not Acceptable): 634 NE 72 TERR

City: MIAMI FL **FL** Zip Code: 33138

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: Les Faunce PD LES FAUNCE 1-25-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	STD DUNBAR, DONALD 8000 NE BAYSHOLE CT, APT 218 MIAMI FL 33138	☒ Delete	STD KAEHLER, LINDA 138 NE 49 ST MIAMI FL 33137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD FAUNCE, TERESA L 634 NE 72 TERRACE MIAMI SHORES FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD FAUNCE, LES 634 NE 72 TERRACE MIAMI FL 33138	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Les Faunce LES FAUNCE PD 1-25-07 305-751-9579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #