## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 04, 2004 8:00 am DOCUMENT # 706851 **Secretary of State** 02-04-2004 90067 009 \*\*\*\*61.25 TOWNE APARTMENTS ASSOCIATION INC. A CONDOMINIUM Principal Place of Business Mailing Address 1821 N. 17TH CT. 1821 N. 17TH CT. #22 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 US 2. Principal Place of Business 3. Mailing Address MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2389456 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANGELICA VITHOULKAS Street Address (P.O. Box Number is Not Acceptable) 1821 N. 17TH CT. #22 **HOLLYWOOD FL 33020** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTCM ☐ Delete TITLE TITLE ☐ Change ■ Addition ANGELICA VITHOULKAS NAME NAME 1821 N. 17TH CT. #22 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition DIONYSIA S. VITHOULKAS NAME NAME 6106 CALL ST. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition ROSA GINA VITHOULKAS NAME NAME 6320 ARTHUR ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33024 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE JULIO ROSADO NAME NAME 6320 Arthur S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change 🗖 Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CER OR DIRECTOR

SIGNATURE

FILED