

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706851

FILED
Feb 18, 2009
Secretary of State

Entity Name: TOWNE APARTMENTS ASSOCIATION INC. A CONDOMINIUM

Current Principal Place of Business:

1821 N. 17TH CT.
#21
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

1821 N. 17TH CT.
HOLLYWOOD, FL 33020 US

Current Mailing Address:

1821 N. 17TH CT.
#21
HOLLYWOOD, FL 33020 US

New Mailing Address:

6320 ARTHUR STREET
HOLLYWOOD, FL 33024 US

FEI Number: 59-2389456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELICA VITHOULKAS
1821 N. 17TH CT.
#22
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

VITHOULKAS, ROSA G
6320 ARTHUR STREET
HOLLYWOOD, FL 33024 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: ROSA GINA VITHOULKAS

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTCM () Delete
Name: ANGELICA VITHOULKAS,
Address: 1821 N 17TH CT #21
City-St-Zip: HOLLYWOOD, FL 33020

Title: VD () Delete
Name: DIONYSIA S. VITHOULK, AS
Address: 6106 CALL ST.
City-St-Zip: HOLLYWOOD, FL 33024

Title: DST () Delete
Name: ROSA GINA VITHOULKAS,
Address: 6320 ARTHUR ST.
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: ROSADO, JULIO
Address: 6320 ARTHUR ST
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: SCHUELLER, RHONDA
Address: 5705 LARPIN LANE
City-St-Zip: ALEXANDRIA, VA 22310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

SIGNATURE: ROSA GINA VITHOULKAS

DST

02/18/2009

Electronic Signature of Signing Officer or Director

Date