## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 706851**

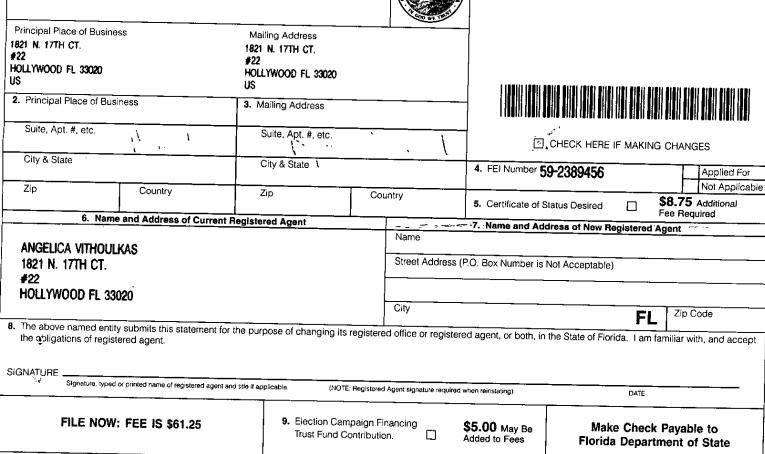
1. Entity Name

## TOWNE APARTMENTS ASSOCIATION INC. A CONDOMINIUM



## FILED Feb 20, 2003 8:00 am § Secretary of State

02-20-2003 90120 021 \*\*\*\*61.25



10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PTCM TITLE ☐ Delete TITLE ANGELICA VITHOULKAS @ Change ☐ Addition NAME NAME STREET ADDRESS 1821 N. 17TH CT. #22 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change DIONYSIA S. VITHOULKAS ☐ Addition NAME NAME STREET ADDRESS 6106 CALL ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL-33024-CITY-ST-ZIP.... DST TITLE ☐ Delete TITLE ☐ Change ROSA GINA VITHOULKAS ☐ Addition NAME NAME STREET ADDRESS 6320 ARTHUR ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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