


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90057 014 ****61.25

DOCUMENT # 709317			
1. Entity Name TOWN HOUSE GARDENS, INC., A CONDOMINIUM			
Principal Place of Business 9455 BAY HARBOR TERRACE BAY HARBOR ISLAND, FL 33154		Mailing Address 9455 BAY HARBOR TERRACE 8N BAY HARBOR ISLAND, FL 33154	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 653637	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33265	US	33265	US
4. FEI Number 59-1871372		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMAS, RUSIN 9455 BAY HARBOR TERRACE 8N BAY HARBOR ISLAND, FL 33154		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME	RUSIN, THOMAS		TITLE
STREET ADDRESS	9455 BAY HARBOR TERR., #8N		NAME
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		STREET ADDRESS
			CITY-ST-ZIP
			See - Angel Rawl 9455 Bay Harbor Ter. #8-S Bay Harbor Island, FL 33154
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE
NAME	CELIA, SILVA		NAME
STREET ADDRESS	9455 BAY HARBOR TERR., #8S		STREET ADDRESS
CITY-ST-ZIP	BAY HARBOR, FL 33154		CITY-ST-ZIP
			TREA. McGEE, MARY 9455 Bay Harbor Ter #7-N Bay Harbor Island, FL 33154
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE
NAME	LEWIS, SETH		NAME
STREET ADDRESS	9455 BAY HARBOR TERR., #2N		STREET ADDRESS
CITY-ST-ZIP	BAY HARBOR, FL 33154		CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE
NAME	ANDREWS, BARRY		NAME
STREET ADDRESS	9455 BAY HARBOR TERR., #8S		STREET ADDRESS
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE
NAME	BONNANI, ROBERT		NAME
STREET ADDRESS	9455 BAY HARBOR TERR., #5N		STREET ADDRESS
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		CITY-ST-ZIP
			VP Bonani, Robert 9455 Bay Harbor Ter #5-N Bay Harbor Island, FL 33154
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		Date: 4/11/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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4. FEI Number **59-1871372** Applied For Not Applicable

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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	PD	<input type="checkbox"/> Delete
NAME	RUSIN, THOMAS	
STREET ADDRESS	9455 BAY HARBOR TERR., #8N	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CELIA, SILVA	
STREET ADDRESS	9455 BAY HARBOR TERR., #8S	
CITY-ST-ZIP	BAY HARBOR, FL 33154	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, SETH	
STREET ADDRESS	9455 BAY HARBOR TERR., #2N	
CITY-ST-ZIP	BAY HARBOR, FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, BARRY	
STREET ADDRESS	9455 BAY HARBOR TERR., #8S	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONNANI, ROBERT	
STREET ADDRESS	9455 BAY HARBOR TERR., #5N	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	See -	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angel Rawl	
STREET ADDRESS	9455 Bay Harbor Ter. #8-S	
CITY-ST-ZIP	Bay Harbor Island, FL 33154	
TITLE	TREA.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGEE, MARY	
STREET ADDRESS	9455 Bay Harbor Ter #7-N	
CITY-ST-ZIP	Bay Harbor Island, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonani, Robert	
STREET ADDRESS	9455 Bay Harbor Ter #5-N	
CITY-ST-ZIP	Bay Harbor Island, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #