


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 21, 2008 8:00 am
Secretary of State

03-06-2008 90050 009 ****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 P O BOX 653637 MIAMI, FL 33265 |
|---|--|

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DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP CR2E037 (4/06)

| | |
|---|--------------------------------|
| 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

THOMAS, RUSIN
 9455 BAY HARBOR TERRACE
 8N
 BAY HARBOR ISLAND, FL 33154

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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) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RUSIN, THOMAS 9455 BAY HARBOR TERR., #8N BAY HARBOR ISLAND, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ANGEL, RAUL 9455 BAY HARBOR TERR., #8S BAY HARBOR ISLAND, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BONANI, ROBERT 9455 BAY HARBOR TERR., #5N BAY HARBOR ISLANDS, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCGEE, MARY 9455 BAY HARBOR TERR #7N BAY HARBOUR ISLAND, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 AGENT OR OFFICER OR DIRECTOR Date Daytime Phone #