## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 27, 2007 8:00 am Secretary of State

1. Entity Nam	MENT #712614 TOWN HOUSE, INC.			Secr	etary of 2007 90004 033 *	State		
Principal Place of Business SANDI RAASCH, E.A. 1162 INDIAN HILLS BLVD. VENICE, FL 34293  Mailing Address 406 GIOVANNI DR NOKOMIS, FL 34275								
2. Principal Place of Business - No P.O. Box #  6 SANDI RASCH E.A.		3. Mailing Address			. 1981 <b>- 1</b> 780   170   175   178   178		MILI 2, 13 LI	
Suite, Apt. #, etc. 406 GIOVANNI DRIVEC		Suite, Apt. #, etc.		02112007 <sub>C</sub>	hg-NP CR2E	037 (12/06)		
City & State Nokomis FL		City & State		4. FEI Number 59-132367	71	<del></del>	oplied For ot Applicable	
Zip 3427	Country	Zip	Country	5. Certificate of St	tatus Desired	\$8.75 Add Fee Require	ditional	
	6. Name and Address of Current F	Registered Agent		7. Name and Add	iress of New Registere	d Agent		
RAASCH,	SANDI E.A.		Name					
406 GIOVA	ANNI DR 5, FL 34275		Street Address		(P.O. Box Number is Not Acceptable)			
Nono	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						<del></del>	
	<u>.</u>		City		F	Zip Cod	e	
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							and accept	
the obligations of registered agent.								
SIGNATURE								
OGNATIONE,	Signature typed by contect name of recovered every a	od tele if englishts (NOTE: Ger	contered Acent economics as	hurad when (agents not)	DATE	<del></del>		
- SIGNATORE	Signature, typed or printed name of regretered agent a		gistered Agent signature req	quired when reinstating)	DATE			
O'GIAN O'IE	Signature, typed in printed name of registered agent a Filling Fee is \$61,25 Due by May 1, 2007	nd rate if applicable. (NOTE: Reg 9. Election Campai Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees	Make che	eck payable to		
10.	Filing Fee is \$61,25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Campai Trust Fund Cont ECTORS	ign Financing tribution.	\$5.00 May Be Added to Fees	Make che	eck payable to artment of St DIRECTORS IN	tate	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campal Trust Fund Cont	ign Financing tribution.	\$5.00 May Be Added to Fees	Make che Florida Dep	eck payable to artment of St	tate	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR PD STARK, SUSAN 705B W VENICE AVE	9. Election Campai Trust Fund Cont ECTORS	ign Financing tribution.	\$5.00 May Be Added to Fees	Make che Florida Dep	eck payable to artment of St DIRECTORS IN	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR PD STARK, SUSAN 705B W VENICE AVE VENICE, FL 34285 STD DAVIS, JUDY 707B W VENICE AVE	9. Election Campai Trust Fund Cont ECTORS	ign Financing tribution.	\$5.00 May Be Added to Fees	Make che Florida Dep	ock payable to partment of Si DIRECTORS IN	tate  N 10  Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR PO STARK, SUSAN 705B W VENICE AVE VENICE, FL 34285  STD DAVIS, JUDY 707B W VENICE AVE VENICE, FL 34285  VPO STANEK, WAYNE 709B W VENICE AVE	9. Election Campai Trust Fund Cont ECTORS  Delete	ign Financing tribution.	\$5.00 May Be Added to Fees	Make che Florida Dep	ock payable to artment of St DIRECTORS IN Change	I 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR PO STARK, SUSAN 705B W VENICE AVE VENICE, FL 34285  STD DAVIS, JUDY 707B W VENICE AVE VENICE, FL 34285  VPO STANEK, WAYNE 709B W VENICE AVE	9. Election Campai Trust Fund Cont ECTORS  Delete  Delete	ign Financing tribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make che Florida Dep	ck payable to artment of St DIRECTORS IN Change Change	Addition  Addition	

12. Thereby certify that the information supplied with this filling 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 addiesa, with all other like empowered.

SIGNATURE: WOULD TO DESCRIPTION OF PRINTED INAME OF SKOWING OFFICER OR DIRECTOR Date Day of Printed Phone & Day of Printed Day