## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90314 021 \*\*\*\*61.25

DOCUMENT # 717121  1. Entity Name TOWNSITE APARTMENTS, 1, INC.  Principal Place of Business 220 LUCERNE AVE LAKE WORTH, FL 33460 US  Mailing Address P 0 BOX 290 LAKE WORTH, FL 33460									04-18-2	2005 9	0314 02	1 ****61	25
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2. Principal Pl	lace of Busir	ness	3. Mailing Address							AIRII ELAIA BII	LII BHBU BI BU BU	MRM W IAN	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04132005	Chg-NP		CR2E0	37 (10/03)		
City & State			City & State				4. FEI Numb 59-131					pplied For ot Applicable	
Zip	Zip Country		Zip	Zip Cou		itry	5. Certificate of Status I			esired		\$8.75 Ac	ditional
	6. Name	and Address of Current	Registered A	Agent	Ţ			7. Name and	Address o	f New R	egistered /		
WALLEN	LAVERNE	- A				Name -	JES	isie 1	4,14	EG	A5		
WALLEN, LAVERNE A 220 LUCERNE AVE						Street A	ddress (l	P.O. Box Numb	er is Not Ac	ceptable	·)		
8B LAKE WOF	RTH, FL :	33460			Ī	/:	24,	N.O.	5T				
•					ľ	City	AKE	= Wol	21+		FL	Zip Co	20
	named entitions of regis	y submits this statement f	or the purpose	of changing its re	gistered	d office o	register	ed agent, or bo	th, in the St	ate of Flo	rida. I am	familiar with	, and accept
SIGNATURE	Jean	are Hill	ego	/	Secretary 1	Anent ennet	ann recruied	when reinstating)			4-1.	5_ 0	5
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•	Filing Fe	e is \$61.25	)	<ol><li>Election Camp</li></ol>	aion Fir	nancing		\$5.00 May 1	a.	M	aka chec	k payable	to
* 1	_	lay 1, 2005	Ì	**Trust Fund Co		n.		Added to Feet		Flor		tment of !	State
10.	Due by I		RECTORS	**Trust Fund Co	ntributio	on.					ida Depar	RECTORS I	N 10
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I hereby certify that the information supplied with this filling does not quality 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 changed, or on an attachment with an address, with all other like empowered. Sec. SIGNATURE:

NO OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SK CAROL