2006 NOT-FOR-PROFIT CORPORATION • ANNUAL REPORT

DOCUMENT # 717121

1. Entity Name
TOWNSITE APARTMENTS, 1, INC.

FILED
Apr 19, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
220 LUCERNE AVE LAKE WORTH, FL 33460 US	P O BOX 290 LAKE WORTH, FL 33460 US

D4162006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-1310420
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILLEGAS, JESSIE
124 N. O STREET
LAKE WORTH, FL 33460

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

000000518833
05/02/06-80029-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MURRAY, PAMELA
STREET ADDRESS	305 CASCADE LANE
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	PD
NAME	HILLEGAS, JESSIE
STREET ADDRESS	124 NO O ST
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	STD
NAME	PETIT, CAROL
STREET ADDRESS	220 LUCERNE AVE 5B
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Jessie Hillegas Pres. 5-17-06 561-582-9914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JESSIE HILLEGAS