

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90136 015 ****61.25

DOCUMENT # 718537

1. Entity Name

TOWNSITE APARTMENTS II, INC.



Principal Place of Business

122 S. LAKESIDE DRIVE
% DEAN IRVIN
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 6228
LAKE WORTH FL 33466

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1323681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

MASTERSON, CAROL
421 S. LAKESIDE DRIVE
#2
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SERAFINO, CROCE	
STREET ADDRESS	1290 OLD MEADOW RD 5-B	
CITY- ST- ZIP	PITTSBURGH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAPO, MICHAEL	
STREET ADDRESS	219 3RD AVE S	
CITY- ST- ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIBERATORE, ANGELINE	
STREET ADDRESS	122 S. LAKESIDE #4A	
CITY- ST- ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	IRWIN, MARGRET	
STREET ADDRESS	122 S. LAKESIDE DR APT 1-A	
CITY- ST- ZIP	LAKE WORTH FL 33460	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHANCEY, SUSAN D	
STREET ADDRESS	1826 N DIXIE HWY	
CITY- ST- ZIP	LAKE WORTH FL 33460	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANCISCO, ANGELA	
STREET ADDRESS	C/O LIBERTORE, 122 S. LAKESIDE DR.	
CITY- ST- ZIP	LAKE WORTH FL 33460	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 Section 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:

Susan D. Chancey

Susan D. Chancey, Sec/Treas

3/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #