2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 718537

Entity Name: TOWNSITE APARTMENTS II, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

122 S. LAKESIDE DRIVE
% DEAN IRWIN
LAKE WORTH, FL 33460

Current Mailing Address:

P.O. BOX 6228
LAKE WORTH, FL 33466

New Mailing Address:

FEI Number: 59-1323681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SERAFINO, CROCE	
Address:	1290 OLD MEADOW RD 5-B	
City-St-Zip:	PITTSBURGH, FL	
Title:	VP	( ) Delete
Name:	CAPO, MICHAEL	
Address:	219 3RD AVE S	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	D	( ) Delete
Name:	LIBERATORE, ANGELINE,	
Address:	122 S. LAKESIDE #4A	
City-St-Zip:	LAKE WORTH, FL	
Title:	D	( ) Delete
Name:	IRWIN, MARGRET	
Address:	122 S. LAKESIDE DR APT 1-A	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	ST	( ) Delete
Name:	CHANCEY, SUSAN D	
Address:	1826 N DIXIE HWY	
City-St-Zip:	LAKE WORTH, FL 33460	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	SERAFINO, CROCE	
Address:	338 FAWCETT CHURCH ROAD	
City-St-Zip:	BRIDGEVILLE, PA 15017	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	LIBERATORE, ANGELINE,	
Address:	256 REED STREET	
City-St-Zip:	GENEVA, NY 14456	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN D. CHANCEY ST 02/10/2009
Electronic Signature of Signing Officer or Director — Date