

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 721672

1. Entity Name
TOWNSITE APARTMENTS V, INC.



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

Principal Place of Business
**302 NORTH K ST
LAKE WORTH, FL 33460 US**

Mailing Address
**P.O BOX 290
LAKE WORTH, FL 33460 US**



DO NOT WRITE IN THIS SPACE

04162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1362229 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAHANEY, PHILIP M
302 NO. K ST. #1
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

100000518829
05/02/06-80029-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHANEY, PHILIP M. 302 NO K ST., #1 LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEPP, CAROL 302 NORTH K STREET #6B LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NORRIS, TOM 302 NORTH K STREET #7B 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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IN THIS SPACE**

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: Tom Norris, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-06
Date

561-493-45
Daytime Phone #

TOM NORRIS