2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 721672

Entity Name: TOWNSITE APARTMENTS V, INC.

Current Principal Place of Business:

302 NORTH K ST
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 290
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 59-1362229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHANEY, PHILIP M
302 NO. K ST. #1
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: PD ( ) Delete
Name: MAHANEY, PHILIP M.
Address: 302 NO K ST., #1
City-St-Zip: LAKE WORTH, FL

Title: VD ( ) Delete
Name: DEPP, CAROL
Address: 302 NORTH K STREET #6B
City-St-Zip: LAKE WORTH, FL 33460

Title: STD ( ) Delete
Name: NORRIS, TOM
Address: 302 NORTH K STREET #7B
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEPP, CAROL
Address: 302 NO K ST., #6
City-St-Zip: LAKE WORTH, FL 33460 US

Title: SD (X) Change ( ) Addition
Name: FRAZER, LUCIUS
Address: 302 NO K ST., #5
City-St-Zip: LAKE WORTH, FL 33460 US

Title: TD (X) Change ( ) Addition
Name: NORRIS, TOM
Address: 302 NO K ST., #7
City-St-Zip: LAKE WORTH, FL 33460 US

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: TOM NORRIS TD 04/21/2009

Electronic Signature of Signing Officer or Director — Date