FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **723002** **(2)**

1. Corporation Name

TOWNSITE APARTMENTS V11, INC.

Principal Place of Business

417 NORTH "K" STREET
APARTMENT 6
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 290
~~APARTMENT 6~~
LAKE WORTH FL 33460
US

3. Date Incorporated or Qualified: **03/27/1972**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-1420677** — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

TROMONTIINE, PATRICIA
417 N. K. STREET APT 6
LAKE WORTH FL 33460

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 617.0505, Florida Statutes.

SIGNATURE

Date

12. OFFICERS AND DIRECTORS

TITLE	STD	[ ] DELETE
NAME	TROMONTINE, PATRICIA	
STREET ADDRESS	417 N K STREET, APT 6	
CITY, ST, ZIP	LAKE WORTH, FL 00000	
TITLE	VD	[X] DELETE
NAME	DWYER, EVELYN	
STREET ADDRESS	417 N K STREET APT. 4	
CITY, ST, ZIP	LAKE WORTH FL	
TITLE	PD	[ ] DELETE
NAME	HOERMANN, ROBERT O	
STREET ADDRESS	417 N K STREET APT 1	
CITY, ST, ZIP	LAKE WORTH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	VD	[X] Change [ ] Addition
22 NAME	DAVID BART LATT	
23 STREET ADDRESS	417 NO. K ST, #2	
24 CITY, ST, ZIP	LAKE WORTH FL 33460	
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and be 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 12 or Block 13 (changes) or on an attachment with an address.

SIGNATURE: David Bartlett — 4-25-96 — 624-7340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

David Bartlett

CR2E037 (12/95)