## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # 723002** 1. Entity Name 04-28-2004 90287 036 \*\*\*\*61.25 TOWNSITE APARTMENTS V11, INC. Principal Place of Business Mailing Address 417 NORTH "K" STREET P.O. BOX 240 LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-1420677 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARTLETT, DAVID~ Street Address (P.O. Box Number is Not Acceptable) 417 NORTH K ST # 2 LAKE WORTH FL 33460 City 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ▼ Addition PD WILLIAMS, BILLIE NAME NAME Mark Deming 417 N K ST #4 STREET ADDRESS STREET ADDRESS 417 N K St. #8 LAKE WORTH FL 33460 CITY-ST-ZIP ... CITY-ST-ZIP Lake Worth, FL 33460 VD. TITLE ☐ Delete TITLE Change ☐ Addition ST SEPPALA, ART NAME . NAME Art Seppala 417 N K ST #5 STREET ADDRESS STREET ADDRESS 417 N K St. #5 LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ŽIP Lake Worth, FL 33460 TITLE ☐ Delete TITLE ☐ Change Addition DINDA, DAN NAME NAME 417-N·K·ST·#1~~~~~ STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-7IP CITY-ST-ZIP TITLE ■ Delete TITLE ☐ Change Addition FRENCH, LORI NAME NAME Carol Heyburn 417 N K ST #7 STREET ADDRESS STREET ADDRESS 17 N K St. 3 LAKE WORTH FL 33460 CITY-ST-7IP CITY-ST-ZIP Lake Worth, FL 33460 TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED