

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 # 723805 (8)

1. Corporation Name

TOWN HOUSE VILLAS CONDOMINIUM, INC. THE



Principal Place of Business

Mailing Address

1419 NORTH 15TH AVE
HOLLYWOOD FL 33020
US

1419 N 15TH AVE
HOLLYWOOD FL 33020
US

3. Date Incorporated or Qualified
07/05/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1417 N. 15th AVE**

26 **1417 N. 15th AVE.**

4. FEI Number

59-1450528

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

☐

Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **HOLLYWOOD FL**

28 **HOLLYWOOD FL**

Zip

Country

Zip

Country

24 **33020**

25 **USA**

29 **33020**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSELLE, GARY
1427 NORTH 15TH AVE
HOLLYWOOD FL 33020

81 Name

JOHN JACOBSEN

82 Street Address (P.O. Box Number is Not Acceptable)

1325 N. 14th AVE.

83

84 City

HOLLYWOOD

FL

85 Zip Code

33020

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

John Jacobson

(NOTE: Registered Agent signature required when reinstating)

DATE

6-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GORTLER, ELINOR	
STREET ADDRESS	1419 N 15TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROWE, BERNICE W	
STREET ADDRESS	1417 N 15TH AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FLORENCE LEWIS	
STREET ADDRESS	1341 N. 15TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GROSELLE, GARY	
STREET ADDRESS	1427 N 15TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRAPER, PATRICIA	
STREET ADDRESS	1329 N 15 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANASTASIA, EDWARD	
STREET ADDRESS	1327 N 15TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN JACOBSEN	
1.3 STREET ADDRESS	1325 N. 15th AVE.	
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HELENE NISTICO	
3.3 STREET ADDRESS	1315 N. 15th AVE.	
3.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SOL KRABITCH	
4.3 STREET ADDRESS	1403 N. 15th AVE	
4.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	
5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bernice W. Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/96

Date

954-923-5439

Daytime Phone #

CR2E037 (12/95)