

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90098 042 \*\*\*\*61.25

**DOCUMENT # 723805**

1. Entity Name  
**TOWN HOUSE VILLAS CONDOMINIUM, INC. THE**



Principal Place of Business  
**1407 N 15AVE  
HOLLYWOOD, FL 33020 US**

Mailing Address  
**P.O. BOX 93  
DANIA BEACH, FL 33004**

**66026403**



07012005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FE Number <b>59-1450528</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**EPSTEIN, DAVID  
1407 N. 15 AVE.  
HOLLYWOOD, FL 33020**

**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 reissuing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD EPSTEIN, DAVID 1407 N 15TH AVE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD NISTICO, HELENE P.O. BOX 93 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHURCH, ROBERTA 1427 N 15 AVE. HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST CAFFO, DONNA 1401 N 15 AVE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALMEIDA, KEVIN P.O. BOX 93 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

*P-15-05*  
*9549223122*



ATTACHMENT

660264B

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

July 28, 2005

TOWN HOUSE VILLAS CONDOMINIUM, INC. THE  
P.O. BOX 93  
DANIA BEACH, FL 33004

Subject: TOWN HOUSE VILLAS CONDOMINIUM, INC. THE

Reference Number:

723805

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sc

ANNUAL REPORTS SECTION