


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

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90299 001 ****70.00

DOCUMENT # 724635 1. Entity Name TOWNSITE APARTMENTS XI, INC.	
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Principal Place of Business 610 NORTH H STREET APT 5B LAKE WORTH, FL 33460 US	Mailing Address 610 NORTH H STREET APT 5B LAKE WORTH, FL 33460 US
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1431321	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MYERS, JANINA 610 NORTH H STREET APT 5B LAKE WORTH, FL 33460
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25 -
Due by May 1, 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 MYERS, JANINA 610 NORTH H STREET APT 5B LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHECHINSKA, BOZENA ROUZEAU, Pierre 610 NORTH H STREET APT 5B LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOFFETT, LINDA 610 N. H ST, APT 2A LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Janina Myers 03-08-2005 561-582-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #