2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) Mar 23, 2006 8:00 am Secretary of State **DOCUMENT # 724784** 1. Entity Name 03-23-2006 90013 011 ****61.25 TOWNSITE APARTMENTS X, INC. Principal Place of Business Mailing Address 314 S. J. ST #-513- # I A LAKE WORTH FL 33460 314 S. "J" ST LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address 314 S. J ST Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1506651 LaKe Worth Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 33°4 60 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hrthur Heron DEFFENBAUGH, TIMOTHY W Street Address (P.O. Box Number is Not Acceptable) 314 S.J. ST SB LAKE WORTH FL 33460 5310 Grand Banks Blud 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. Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete. TITLE Heron President Change DEFFENBAUGH, TIMOTHY NAME Heron, Arthur 5310 Grand Banks Blud NAME STREET ADDRESS 314 S.J. ST SB STREET ADDRESS LAKE WORTH FL 33460 CITY - ST - ZIP CITY - ST - ZiP Green acres FL ŞD ☐ Delete TITLE ☐ Change ☐ Addition SCUPP, RITA NAME NAME 314 S. "J" ST #1-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP Vice President THE . □ Polete TITLE . Change___ Addition_ NAME NAME Heram, George STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 attachmyon with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Arthur Heron 3/10/06 561-964-1524

FILED

☐ Change

Addition