

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724784

FILED
Mar 26, 2009
Secretary of State

Entity Name: TOWNSITE APARTMENTS X, INC

Current Principal Place of Business:

314 S. J. ST
LAKE WORTH, FL 33460

New Principal Place of Business:

314 S. J. ST
1A
LAKE WORTH, FL 33460

Current Mailing Address:

314 S. J. ST
1A
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-1506651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERON, ARTHUR
5310 GRAND BANKS BLVD
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERON, ARTHUR
Address: 5310 GRAND BANKS BLVD
City-St-Zip: GREENACRES, FL 33463

Title: SD () Delete
Name: SCUPP, RITA
Address: 314 S.
City-St-Zip: LAKE WORTH, FL 33460

Title: VP () Delete
Name: HERON, SANDRA
Address: 5310 GRAND BANKS BLVD.
City-St-Zip: GREENACRES, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR HERON

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date