FILE NOW: FILING FEE IS $61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724830 (5)

1. Corporation Name

TOWNHOUSE SHORES CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
667 KENSINGTON PLACE WILTON MANORS FL 33305	667 KENSINGTON PLACE WILTON MANORS FL 33305

3. Date Incorporated or Qualified: 11/17/1972

4. FEI Number: 59-1579012 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPENNI, JOHN
667 KENSINGTON PLACE
WILTON MANORS FL 33305

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	LOHSEN, CAROLE		1.2 NAME	Achille, Curt	
STREET ADDRESS	673 KENSINGTON PLACE		1.3 STREET ADDRESS	669 Kensington Pl	
CITY-ST-ZIP	WILTON MANORS FL 33305		1.4 CITY-ST-ZIP	Wilton Manors Fl 33305	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	ACHILLE, CURT		2.2 NAME	Rauch, Randy	
STREET ADDRESS	669 KENSINGTON PLACE		2.3 STREET ADDRESS	681 Kensington Pl	
CITY-ST-ZIP	WILTON MANORS FL 33305		2.4 CITY-ST-ZIP	Wilton Manors, Fl 33305	
TITLE	T	☐ DELETE	3.1 TITLE	Chilton, Heather	☐ Change ☑ Addition
NAME	CAMPENNI, JOHN		3.2 NAME	Secretary	
STREET ADDRESS	667 KENSINGTON PLACE		3.3 STREET ADDRESS	2620 Aurelia Place	
CITY-ST-ZIP	WILTON MANORS FL 33305		3.4 CITY-ST-ZIP	Ft. Land. Fl 33301	
TITLE	PD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALDRON, DONNA		4.2 NAME		
STREET ADDRESS	653 KENSINGTON PL.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		4.4 CITY-ST-ZIP		
TITLE	DMAL	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, THOMAS		5.2 NAME		
STREET ADDRESS	655 KENSINGTON PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: SIGNATURE REQUIRED 1-6-98 954 428 8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035993