

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 90019 031 \*\*\*\*61.25

**DOCUMENT # 724830**

1. Entity Name

**TOWNHOUSE SHORES CONDOMINIUM, INC.**

Principal Place of Business

**673 KENSINGTON PLACE  
WILTON MANORS FL 33305**

Mailing Address

**673 KENSINGTON PLACE  
WILTON MANORS FL 33305**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**LOBSSEN, CAROL H  
673 KENSINGTON PLACE  
WILTON MANORS FL 33305**

7. Name and Address of New Registered Agent

Name

**LOHSEN (Correct spelling)**

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

**same**

City

**FL**

Zip Code

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.

SIGNATURE *Carol H. Lohsen* **Carol H. Lohsen, Tres.** May 1, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | V                      | <input checked="" type="checkbox"/> Delete |
| NAME           | DICKSON, NICOLE        |                                            |
| STREET ADDRESS | 687 KENSINGTON PL      |                                            |
| CITY-ST-ZIP    | WILTON MANORS FL 33305 |                                            |
| TITLE          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | ACHILLE, CURT          |                                            |
| STREET ADDRESS | 669 KENSINGTON PLACE   |                                            |
| CITY-ST-ZIP    | WILTON MANORS FL 33305 |                                            |
| TITLE          | T                      | <input checked="" type="checkbox"/> Delete |
| NAME           | CAMPENNI, JOHN         |                                            |
| STREET ADDRESS | 667 KENSINGTON PLACE   |                                            |
| CITY-ST-ZIP    | WILTON MANORS FL 33305 |                                            |
| TITLE          | S                      | <input checked="" type="checkbox"/> Delete |
| NAME           | MURRAY, BELIN          |                                            |
| STREET ADDRESS | 655 KENSINGTON PL      |                                            |
| CITY-ST-ZIP    | WILTON MANORS FL 33305 |                                            |
| TITLE          | DMAL                   | <input checked="" type="checkbox"/> Delete |
| NAME           | HABERLAND, MARTIN      |                                            |
| STREET ADDRESS | 659 KENSINGTON PL      |                                            |
| CITY-ST-ZIP    | WILTON MANORS FL 33305 |                                            |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | V                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Haberland, Martin       |                                                                              |
| STREET ADDRESS | 659 Kensington Pl       |                                                                              |
| CITY-ST-ZIP    | Wilton Manors, FL 33305 |                                                                              |
| TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Smith, Michael          |                                                                              |
| STREET ADDRESS | 651 Kensington Pl       |                                                                              |
| CITY-ST-ZIP    | Wilton Manors, FL 33305 |                                                                              |
| TITLE          | T                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Lohsen, Carol           |                                                                              |
| STREET ADDRESS | 673 Kensington Pl       |                                                                              |
| CITY-ST-ZIP    | Wilton Manors, FL 33305 |                                                                              |
| TITLE          | S                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Dickson, Nicole         |                                                                              |
| STREET ADDRESS | 687 Kensington Pl       |                                                                              |
| CITY-ST-ZIP    | Wilton Manors, FL 33305 |                                                                              |
| TITLE          | DMAL                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Muoio, Mario            |                                                                              |
| STREET ADDRESS | 653 Kensington Pl       |                                                                              |
| CITY-ST-ZIP    | Wilton Manors, FL 33305 |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |

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: *Carol H. Lohsen* **Carol H. Lohsen** May 1, 2001 (954) 831-7091

CR2E037 (10/00)