

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727291

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: TOWNSITE APARTMENTS XIV, INC.

## Current Principal Place of Business:

119 S. GOLFVIEW DR  
APT 2  
LAKE WORTH, FL 33460 US

## New Principal Place of Business:

119 S. GOLFVIEW DR  
LAKE WORTH, FL 33460 US

## Current Mailing Address:

P O BOX 290  
LAKE WORTH, FL 33460 US

## New Mailing Address:

FEI Number: 59-1503234      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINER, JERRY G  
119 S. GOLFVIEW #2  
LAKE WORTH, FL 33462 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: PD ( ) Delete  
Name: HINER, JERRY  
Address: 119 S GOLFVIEW DR APT 2  
City-St-Zip: LAKE WORTH, FL

Title: VD ( ) Delete  
Name: PERINI, PAMELA  
Address: 119 SO GOLFVIEW #3  
City-St-Zip: LAKE WORTH, FL 33460

Title: STD ( ) Delete  
Name: LY, CHARLES  
Address: 119 S. GOLFVIEW #6  
City-St-Zip: LAKE WORTH, FL 33460

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HINER, JERRY  
Address: 119 S GOLFVIEW DR APT 2  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: VD (X) Change ( ) Addition  
Name: PERINI, PAMELA  
Address: 119 SO GOLFVIEW #3  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: STD (X) Change ( ) Addition  
Name: LY, CHARLES  
Address: 119 S. GOLFVIEW #6  
City-St-Zip: LAKE WORTH, FL 33460 US

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: JERRY HINER

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date