


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90043 050 \*\*\*\*61.25

<b>DOCUMENT # 728340</b>		
1. Entity Name TOWNHOUSE EAST CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 450 SE 7 ST. DANIA BEACH, FL 33004 US	Mailing Address 450 SE 7 ST. DANIA BEACH, FL 33004 US
---	---

40054651



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03022005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1669715	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACKSON, KEVIN ONE FINANCIAL PLAZA #2111 FORT LAUDERDALE, FL 33394		Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FABRICANT, HYMAN 450 SE 7TH ST., #268 DANIA, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GADOL, PAULA 450 SE 7TH STREET #260 DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>BALL, JUDITH</del> 450 SE 7TH ST., #213 DANIA, FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOROTHY RUSSELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>VINO, SUSAN</del> 450 SE 7TH ST., #208 DANIA, FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICHOLAS ITALICO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #279
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Paula Ador 3-6-04 929-5312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #