

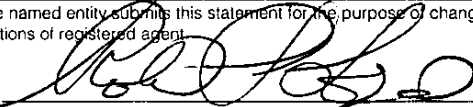
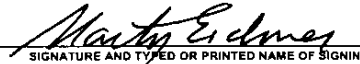


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90109 050 \*\*\*\*61.25

<b>DOCUMENT # 728340</b> 1. Entity Name <b>TOWNHOUSE EAST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>450 SE 7 ST. DANIA BEACH, FL 33004 US</b>			Mailing Address <b>450 SE 7 ST. DANIA BEACH, FL 33004 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04152008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number <b>59-1669715</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>JACKSON, KEVIN ONE FINANCIAL PLAZA #2111 FORT LAUDERDALE, FL 33304</b>			7. Name and Address of New Registered Agent Nar <b>LOGUE, ROBIN P.</b> Str <b>12610 N. W. 12 COURT</b> <b>SUNRISE, FL 33323</b> City <b>FL</b> 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  <b>ROBIN P. LOGUE</b> <span style="float: right;">4/17/08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>BOUTHOS, NABIL</b> STREET ADDRESS <b>450 SE 7TH ST #211</b> CITY-ST-ZIP <b>DANIA, FL 33004</b>			TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>BOUTROS, NABIL</b> STREET ADDRESS <b>450 S. E. 7TH STREET #211</b> CITY-ST-ZIP <b>DANIA BEACH, FL 33004</b>		
TITLE <b>T</b> <input checked="" type="checkbox"/> Delete NAME <b>RUSSELL, DOROTHY</b> STREET ADDRESS <b>450 SE 7ST #270</b> CITY-ST-ZIP <b>DANIA BEACH, FL 33004</b>			TITLE <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>CARISEO, CYNTHIA</b> STREET ADDRESS <b>450 S. E. 7TH STREET #215</b> CITY-ST-ZIP <b>DANIA BEACH, FL 33004</b>		
TITLE <b>S</b> <input checked="" type="checkbox"/> Delete NAME <b>VINCENT, CAROLINA</b> STREET ADDRESS <b>450 SE 7 ST 255</b> CITY-ST-ZIP <b>DANIA, FL 33004</b>			TITLE <b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>EICHNER, MARTY</b> STREET ADDRESS <b>450 S. E. 7TH STREET #207</b> CITY-ST-ZIP <b>DANIA BEACH, FL 33004</b>		
TITLE <b>P</b> <input checked="" type="checkbox"/> Delete NAME <b>STOKROCKI, CAROL</b> STREET ADDRESS <b>450 SE 7ST 246</b> CITY-ST-ZIP <b>DANIA, FL 33004</b>			TITLE <b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>GLUCYNSKI, MILLY</b> STREET ADDRESS <b>450 S. E. 7TH STREET #274</b> CITY-ST-ZIP <b>DANIA BEACH, FL 33004</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			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 exemptions contained 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 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:  <b>Treas.</b> <span style="float: right;">4/18/08 954-923-2664</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					