## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 17, 2001 8:00 am Secretary of State DOCUMENT # 742866 1. Entity Name 05-17-2001 90368 011 \*\*\*\*61.25 KIRKWOOD TOWNHOMES HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address G/O-TOUCHSTONE WEBB MANAGEMENT C/O\_TOUCHSTONE WEBB-MANAGEMENT 2328 S CONGRESS AVE 1-C 2328 S CONGRESS AVE 1-C WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 LONARESS AIL DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-1968305 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent eptable BANYAN PROPERTY MANAGEMENT SERVICES, INC 2328 S CONGRESS AVE STE 1-C WEST PALM BEACH FL 33406 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition ☐ Change PD Delete TITI F TITLE NAME MARTIN, JOSEPH NAME STREET ADDRESS STREET ADDRESS **2872 KIRK RD** CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Addition Delete TITLE TITLE NAME NAME MARTIN, TERESA STREET ADDRESS STREET ADDRESS 2826 KIRK RD CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33461 SD □ Delete TITLE NAME NAME LUHR, LISA STREET ADDRESS STREET ADDRESS 2960 KIK ROAD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change Addition TITLE TITLE 🔀 Delete NAME SARKO, THOMAS NAME STREET ADDRESS STREET ADDRESS 2974 KIRK ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL TITLE Addition TITLE 1 Delete LUHR, UIME NAME NAME STREET ADDRESS STREET ADDRESS

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 embowered 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 attachnesh with an address, with an other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

**SIGNATURE** 

CITY-ST-7IP

CITY-ST-7/P

TITLE

NAME STREET ADDRESS 2960 KIRK RD.

LAKE WORTH FL 33461

☐ Delete

☐ Change

☐ Addition