


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90043 025 \*\*\*\*61.25

<b>DOCUMENT # 746264</b> 1. Entity Name <b>TOWNE GREENE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 285 SE 10 STREET A-3 DEERFIELD BEACH, FL 33441			Mailing Address 285 SE 10 STREET A-3 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1928415-1982415</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERT KAYE &amp; ASSOCIATES, P.A.</b> <b>6261 N.W. 6TH WAY</b> <b>SUITE 103</b> <b>FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b></div> 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)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	PD KERSLETTER, JUDY 205 SE 10TH ST. E12 DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UPRIGHT, STORI 265 SE 10ST UNIT C-6 DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TALBOT, LOIS 285 SE 10ST UNIT A1 DEERFIELD BEACH, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAWFORD, KATHLEEN 245 SE 10ST B-7 DEERFIELD BCH., FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAWRENCE, MINDY 285 SE 10TH ST UNIT A10 DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, TORREY 285 SE 10ST UNIT A10 DEERFIELD BEACH, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EACCE, LILLIAN 285 SE 10TH ST DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUCCE, LILLIAN 285 SE 10ST UNIT A2 DEERFIELD BEACH, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STREIT, SCOTT 285 SE 10ST UNIT A5 DEERFIELD BEACH, FL 33441	
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.					
<b>SIGNATURE: Tony M. Johnson</b>			<b>TORREY M. JOHNSON</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>3/10/2007</b> Daytime Phone #: <b>954-596-2775</b>		