

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749627

FILED
Apr 27, 2006
Secretary of State

Entity Name: TOWNHOMES OF AUDUBON ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 901773
HOMESTEAD, FL 33090

New Principal Place of Business:

381 N KROME AVENUE #205
HOMESTEAD, FL 33030

Current Mailing Address:

381 N KROME AVENUE
SUITE 205
HOMESTEAD, FL 33030

New Mailing Address:

PO BOX 901773
HOMESTEAD, FL 33090

FEI Number: 59-2457678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES R GUGLIUZZA
% ALTON MADISON PROP MGMT
381 N KROME AVENUE #205
HOMESTEAD, FL 33030 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: BUTLER, ANDREA
Address: 1261 SANDPIPER BLVD
City-St-Zip: HOMESTEAD, FL 33035

Title: TD () Delete
Name: TOOHEY, SANDY
Address: 1312 SANDPIPER BLVD
City-St-Zip: HOMESTEAD, FL 33035

Title: VPD () Delete
Name: SESLAR, SANDRA
Address: 1358 BITTERN LANE
City-St-Zip: HOMESTEAD, FL 33035

Title: SD (X) Delete
Name: BRAUN, DIANNE
Address: 1311 SANDPIPER BLVD
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SESLAR, SANDRA
Address: 1358 BITTERN LANE
City-St-Zip: HOMESTEAD, FL 33035

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREA BUTLER

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04/27/2006

Electronic Signature of Signing Officer or Director

Date