

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749627

FILED  
Apr 29, 2007  
Secretary of State

**Entity Name:** TOWNHOMES OF AUDUBON ASSOCIATION, INC.

**Current Principal Place of Business:**

381 N KROME AVENUE #205  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 901773  
HOMESTEAD, FL 33090

**New Mailing Address:**

**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:**

SCHMATENBERG & ASSOCIATES  
1533 SUNSET DRIVE  
MIAMI, FL 33143 US

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: LEE C SCHMATENBERG

04/29/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BUTLER, ANDREA  
Address: 1261 SANDPIOPER BLVD  
City-St-Zip: HOMESTEAD, FL 33035

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

Title: SD ( ) Delete  
Name: SESLAR, SANDRA  
Address: 1358 BITTERN LANE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date