2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

CITY-ST-ZIP

SIGNATURE:

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # 749759** 1. Entity Name: -04-28-2004 90271 050 ****61.25 TOWNSITE APARTMENTS XIX, INC. Mailing Address Principal Place of Business 120 S. J. STREET LAKE WORTH FL 33460 P. O. BOX 290 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1958535 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLO, JOSEPH J. Street Address (P.O. Box Number is Not Acceptable) 2338 SÁRATOGA BAY DR W PALM BEACH FL 33409 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00. May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ■ Addition GALLO, JOSEPH J. NAME NAME 2338 SARATOGA BAY DR. STREET ADDRESS STREET ADDRESS W PALM BCH. FL CITY-ST-ZIP CITY-ST-ZIP VD Change Addition ☐ Delete TITLE NORMA WYA WYATT, NORMA NAME 120 SOUTH J STREET #3 20 SOUTA STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP **X**Dalete TITLE PAGE, ROSEMARY EG VANNIÉ NAME NAME 120 SOUTH J STREET #6 --STREET ADDRESS: STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 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 the empowered.

4-25-04

FILED