


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90095 034 \*\*\*\*61.25

<b>DOCUMENT # 749759</b>	
<b>1. Entity Name</b> TOWNSITE APARTMENTS XIX, INC.	

<b>Principal Place of Business</b> 120 S. J. STREET LAKE WORTH FL 33460 US	<b>Mailing Address</b> P. O. BOX 290 LAKE WORTH FL 33460 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 2528 BOUNDBROOK DR. S. Suite, Apt. #, etc. #207
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State WEST PALM BEACH FL
Zip	Country
Country	Zip 33406
	Country USA

1st MOORE CR2E037 (10/05)

<b>6. Name and Address of Current Registered Agent</b>	
WYATT, NORMA 2528 BOUNDBROOK DRIVE SOUTH 12-207 WEST PALM BEACH FL 33406	

<b>4. FEI Number</b> 59-1958535	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYATT, NORMA	NAME	
STREET ADDRESS	2528 BOUNDBROOK DRIVE SOUTH 12-207	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANNIER, GREG	NAME	
STREET ADDRESS	120 SOUTH J STREET #6	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.**

**SIGNATURE:** *Norma Wyatt* **2-13-06 561-963-0889**