

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750603

FILED
Feb 25, 2009
Secretary of State

Entity Name: TOWN AND COUNTRY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1431 S 14 AVE
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

1431 S 14 AVE
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 59-2301254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HVALSMARKEN, LARS PRESIDE
1431 S. 14 AVE.
APT 109
HOLLYWOOD, FL 33020 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: D () Delete
Name: DAVIS, ELLEN
Address: 1431 S 14 AVE APT 103
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: ARCONA, LOIS
Address: 1431 S. 14 AVE., APT 102
City-St-Zip: HOLLYWOOD, FL 33020

Title: V () Delete
Name: DIMOV, IVAN
Address: 1431 S 14 AVE APT 119
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: SMITH, GARY W
Address: 1358 POLK ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: GADOL, DEBRAH
Address: 1431 S. 14 AVE., APT 212
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: CVETANOVIC, MIRJANA
Address: 1431 S. 14 AVE., APT 106
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: DIMOV, IVAN
Address: 1431 S 14 AVE APT 119
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Change () Addition
Name: BRYEN, FERGUSON
Address: 1431 S. 14 AVE., APT 205
City-St-Zip: HOLLYWOOD, FL 33020

Title: V (X) Change () Addition
Name: GADOL, DEBRAH
Address: 1431 S. 14 AVE., APT 212
City-St-Zip: HOLLYWOOD, FL 33020

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: LARS HVALSMARKEN

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date