

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90030 029 ****61.25

DOCUMENT # 751734

1. Entity Name

THE TOWNSHIP COMMUNITY MASTER ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

2424 LYONS RD.
COCONUT CREEK FL 33063-0899

2424 LYONS RD.
COCONUT CREEK FL 33066
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2049839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, ROBERT C ESQ.
319 S.E. 14TH STREET
FORT LAUDERDALE FL 33316-1929

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete
NAME SONSKY, SONNY
STREET ADDRESS 2424 LYONS RD
CITY-STATE-ZIP COCONUT CREEK FL 33063

TITLE PRESIDENT ☒ Change ☐ Addition
NAME SONNY SONSKY
STREET ADDRESS 2424 LYONS ROAD
CITY-STATE-ZIP COCONUT CREEK, FL 33063

TITLE TD ☐ Delete
NAME FRANK, LEONARD
STREET ADDRESS 2424 LYONS RD.
CITY-STATE-ZIP COCONUT CREEK FL

TITLE V.P. TREASURER ☒ Change ☐ Addition
NAME LEONARD FRANK
STREET ADDRESS 2424 LYONS ROAD
CITY-STATE-ZIP COCONUT CREEK, FL 33063

TITLE PD ☐ Delete
NAME ABRAMSKY, NORMAN
STREET ADDRESS 2424 LYONS ROAD
CITY-STATE-ZIP COCONUT CREEK FL 33063

TITLE DIRECTOR ☒ Change ☐ Addition
NAME NORMAN ABRAMSKY
STREET ADDRESS 2424 LYONS ROAD
CITY-STATE-ZIP COCONUT CREEK, FL 33063

TITLE SD ☐ Delete
NAME BUND, HELEN
STREET ADDRESS 2424 LYONS ROAD
CITY-STATE-ZIP COCONUT CREEK FL 33063

TITLE V.P. SECRETARY ☒ Change ☐ Addition
NAME HELEN BUND
STREET ADDRESS 2424 LYONS ROAD
CITY-STATE-ZIP COCONUT CREEK, FL 33063

TITLE D ☐ Delete
NAME HARRIS, ABNER
STREET ADDRESS 2424 LYONS RD
CITY-STATE-ZIP COCONUT CREEK FL 33063

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME ABNER HARRIS
STREET ADDRESS 2424 LYONS ROAD
CITY-STATE-ZIP COCONUT CREEK, FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/07 934-973-8094