

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

08 APR 30 AM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66007137



02132008 Chg-NP CR2E037 (12/06)

DOCUMENT # 751734					
1. Entity Name THE TOWNSHIP COMMUNITY MASTER ASSOCIATION, INC.					
Principal Place of Business 2424 LYONS RD. COCONUT CREEK, FL 33063-0899			Mailing Address 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	4. FEI Number 59-2049839	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SONSKY, SONNY		NAME		
STREET ADDRESS	2424 LYONS RD		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33063		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANK, LEONARD		NAME		
STREET ADDRESS	2424 LYONS RD.		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33063		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABRAMSKY, NORMAN		NAME		
STREET ADDRESS	2424 LYONS ROAD		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33063		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUND, HELEN		NAME		
STREET ADDRESS	2424 LYONS ROAD		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33063		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, ABNER		NAME		
STREET ADDRESS	2424 LYONS RD		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33063		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 Chapter 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:			3/24/08 951-973-8094		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		