2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# 751734

Entity Name: THE TOWNSHIP COMMUNITY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2424 LYONS RD.
COCONUT CREEK, FL 330630899

New Principal Place of Business:

Current Mailing Address:

2424 LYONS RD.
COCONUT CREEK, FL 33066 US

New Mailing Address:

C/O CASTLE MANAGEMENT
PO BOX 559009
FORT LAUDERDALE, FL 33355 US

FEI Number: 59-2049839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, ROBERT C ESQ.
319 S.E. 14TH STREET
FORT LAUDERDALE, FL 333161929 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:	P	( ) Delete
Name:	SONSKY, SONNY	
Address:	2424 LYONS RD	
City-St-Zip:	COCONUT CREEK, FL 33063	
Title:	VPT	( ) Delete
Name:	FRANK, LEONARD,	
Address:	2424 LYONS RD.	
City-St-Zip:	COCONUT CREEK, FL 33063	
Title:	D	( ) Delete
Name:	ABRAMSKY, NORMAN	
Address:	2424 LYONS ROAD	
City-St-Zip:	COCONUT CREEK, FL 33063	
Title:	VPS	( ) Delete
Name:	BUND, HELEN	
Address:	2424 LYONS ROAD	
City-St-Zip:	COCONUT CREEK, FL 33063	
Title:	VP	( ) Delete
Name:	HARRIS, ABNER	
Address:	2424 LYONS RD	
City-St-Zip:	COCONUT CREEK, FL 33063	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ROBERT A DONNELLY MGR 02/21/2009

Electronic Signature of Signing Officer or Director — Date