

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752324

FILED
Apr 09, 2007
Secretary of State

Entity Name: TOWNHOUSE VILLAS SOBRE DEL MAR PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

628 SE 5TH STREET, #3
DELRAY BEACH, FL 334835249 US

New Principal Place of Business:

Current Mailing Address:

628 SE 5TH STREET, #3
DELRAY BEACH, FL 334835249 US

New Mailing Address:

FEI Number: 26-2385789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, GREGORY
712 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408 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: PD () Delete
Name: WALTZ, JOHN,
Address: 628 SE 5TH STREET, #2
City-St-Zip: DELRAY BEACH, FL 334835249

Title: STD () Delete
Name: JOHNSON, LISA
Address: 628 SE 5 STREET #3
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD () Delete
Name: WALTZ, JOHN
Address: 628 SE 5TH STREET, #2
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALTZ, JOHN,
Address: 628 SE 5TH STREET, #2
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VP (X) Change () Addition
Name: JOHNSON, LISA
Address: 628 SE 5 STREET #3
City-St-Zip: DELRAY BEACH, FL 33483

Title: SECT (X) Change () Addition
Name: GRAHAM, PHYLLIS
Address: 628 SE 5TH STREET, #1
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA JOHNSON

VP

04/09/2007

Electronic Signature of Signing Officer or Director

Date