


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # 754798 1. Entity Name TOWNHOMES OF AUDUBON SOUTH ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 901381 HOMESTEAD, FL 33090	Mailing Address P.O. BOX 901381 HOMESTEAD, FL 33090 US
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01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2457524	Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GUEST, JAMES M CPA 311 NE 8TH ST STE 109 HOMESTEAD, FL 33030
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPPETTA, TERESA 1444 YELLOWTHROAT ST HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUNDQUIST, KURT 1711 GREER AVE HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDQUIST, MICHELLE 1711 GREER AVE. HOMESTEAD, FL 33035
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01/23/06-80009-017 70.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M Lundquist*
Michelle Lundquist

01/12/06 3052483371