## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT #754798**



**FILED** Jun 04, 2007 8:00 am Secretary of State

1. Entity Nam TOWNHO INC.	OMES OF AUDUBON S	SOUTH ASS	OCIATION,				06-04-2007	7 90010 00	)3 ****6	51.25
P.O. BOX 901381 P.			Aailing Address P.O. BOX 901381 HOMESTEAD, FL 33090 US			1 100000 100000 100	1015 MININ INNIN ININ IN		aren eren Ere	<b>  1231   13   12</b> 01
2. Principal F	Place of Business - No P.O. Box	# 3. Mail	ing Addréss		<u>.</u>					
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			02132007	Chg-NP	CR2E037	(12/06)	
City & State		Cit	City & State			4. FEI Number 59-2457524				oplied For ot Applicable
Zip			Zip Cou		ntry	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New R	tegistered Ag	jent	
GUEST, JAMES M CPA 311 NE 8TH ST STE 109 HOMESTEAD, FL 33030				-	Name Street Address (P.O. Box Number is Not Acceptable)					
HOMESTE	EAD, FL 33030				0.5			<del></del>	Tin Cod	
					City			FL	Zip Code	
	e named entity submits this stater tions of registered agent.  Signature, typed or printed name of register				d office or registe		in the State of ric	OATE	miliar <del>w</del> itti,	and accept
<del></del>		1		-		OC WITCH TOWNSHINGS		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Can Trust Fund C	npaign Fi	nancing	\$5.00 May Be Added to Fees		lake check prida Departn		
10.	Due by May 1, 2007  OFFICERS A	ND DIRECTORS	9. Election Can Trust Fund C	mpaign Fit Contribution	nancing on.	\$5.00 May Be	Flor	lake check prida Departn	CTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Due by May 1, 2007		9. Election Can	mpaign Fit Contribution 11. IffLE NAME STREE	nancing on.	\$5.00 May Be Added to Fees	Flor	lake check prida Departn	nent of Si	tate
TITLE NAME STREET ADDRESS	OFFICERS A PD CAPPETTA, TERESA 1444 YELLOWIHROAT ST		9. Election Can Trust Fund C	mpaign Fit Contribution  11. TITLE NAME STREE CITY- TITLE NAME STREE	nancing on.   ET ADORESS ST-ZIP	\$5.00 May Be Added to Fees	Flor	lake check   fida Departn RS AND DIRE	CTORS IN	tate
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I nereby 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:

SIGNATURE AND TYPED OF PROPER OF SIGNING OFFICER OR DIRECTOR

305-431-4276 Daytime Phone #