


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90005 034 \*\*\*\*61.25

<b>DOCUMENT # 754798</b>	
1. Entity Name TOWNHOMES OF AUDUBON SOUTH ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 901381 HOMESTEAD, FL 33090	Mailing Address 13388 SW 128 ST. MIAMI, FL 33186 US
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2. Principal Place of Business - No P.O. Box #  Lakeriew Management, Inc. 13388 SW 128 Street Miami, Florida 33186	3. Mailing Address  Lakeriew Management, Inc. 13388 SW 128 Street Miami, Florida 33186
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6. Name and Address of Current Registered Agent QUEST, JAMES M CPA 311 NE 8TH ST STE 109 HOMESTEAD, FL 33030	7. Name and Address of New Registered Agent Name <u>Sue Busetta</u> Lakeriew Management, Inc. 13388 SW 128 Street Miami, Florida 33186 Zip Code _____
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8. The above named entity submits this statement for the purpose of changing its registered agent. the obligations of registered agent.		familiar with, and accept	
SIGNATURE <u>Sue Busetta</u>	<u>Sue Busetta</u>	<u>1/11/08</u>	DATE
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PS</u> <u>GAPETTA, TERESA</u> <u>4444 YELLOWTHROAT ST</u> <u>HOMESTEAD, FL 33035</u> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President/Director</u> <u>Gonzalez, Alberto</u> <u>1410 Woodpecker</u> <u>Homestead, Florida 33035</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President/Director</u> <u>Adams-Barton, Ryan</u> <u>1311 Woodpecker</u> <u>Homestead, Florida 33035</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary/Director</u> <u>Acosta, Yohandra</u> <u>1640 Sandpiper</u> <u>Homestead, Florida 33035</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Alberto Gonzalez</u>	DATE: <u>1/10/08</u> DAYTIME PHONE: <u>305/224-9058</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	