


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90272 042 \*\*\*\*61.25

<b>DOCUMENT # 754925</b>			
1. Entity Name THE TOWN HOUSE APARTMENTS II, INC.			
Principal Place of Business 616 LUCERINE AVE. LAKE WORTH, FL 33460 US		Mailing Address P. O. BOX 290 LAKE WORTH, FL 33460 US	
2. Principal Place of Business		3. Mailing Address <b>116 E. OCEAN AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>LANTANA FL</b>	
Zip	Country	Zip <b>33462</b>	Country <b>PALM BEACH</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALLO, ROBERT L. 11380 PROSPERITY FARMS RD., #103 PALM BEACH GARDENS, FL 33420		Name <b>PETER COLANGELO</b> Street Address (P.O. Box Number is Not Acceptable) <b>116 E. OCEAN AVE.</b> City <b>LANTANA FL</b> Zip Code <b>33462</b>	
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 <i>Peter Colangelo</i> <b>PETER COLANGELO</b>		DATE <b>4-27-05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLO, JOSEPH J 2338 SARATOGA BAY DR. W. PALM BCH., FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD PETER COLANGELO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>116 E. OCEAN AVE. LANTANA FL 33462</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLO, GENEVIEVE L. 2338 SARATOGA BAY DR. W. PALM BCH., FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARY BO ALLEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>116 E. OCEAN AVE. LANTANA FL 33462</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRONEK, KENNETH A 574 N.W. WAVERLY CIRCLE PORT SAINT LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARD McMILLAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>116 E. OCEAN AVE. LANTANA FL 33462</b>
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 exemption stated in Section 119.07(3)(i), 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: <i>Peter Colangelo, Pres.</i> <b>PETER COLANGELO</b>		DATE <b>4-27-05</b> 561-547-6575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	