

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 2:41

DOCUMENT # 758029 (3)
1. Corporation Name
TOWNHOUSE WOODS ASSOCIATION NO.2, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**503 N.E. 19 ST.
WILTON MANORS FL 33305-3916**

Mailing Address
**503 N.E. 19 ST.
WILTON MANORS FL 33305-3916**

3. Date Incorporated or Qualified 07/31/1981	3a. Date of Last Report 01/20/1994
4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ELLIOT, RAY
503 N.E. 19 ST.
WILTON MANORS, FL
33305**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	TALLARICO, FRANK	1.2 NAME	
STREET ADDRESS	505 NE 19 ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON MANORS, FL 00000	1.4 CITY - ST - ZIP	
TITLE	SDT	2.1 TITLE	☐ Change ☐ Addition
NAME	ELLIOTT, RAY	2.2 NAME	
STREET ADDRESS	503 N.E. 19 ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON MANORS, FL 00000	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	TALLARICO, ELIZABETH	3.2 NAME	
STREET ADDRESS	501 NE 19TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON MANORS, FL 00000	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **RAY ELLIOTT** **4/10/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR