

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90120 031 ****61.25

0015466

DOCUMENT # 758029

1. Entity Name

TOWNHOUSE WOODS ASSOCIATION NO.2, INC.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **TALLARICO, FRANK**
STREET ADDRESS **505 NE 19 ST**
CITY-ST-ZIP **WILTON MANORS FL**

☐ Change ☐ Addition
TITLE **SDT** ☐ Delete
NAME **ELLIOTT, RAY**
STREET ADDRESS **503 N.E. 19 ST.**
CITY-ST-ZIP **WILTON MANORS FL**

TITLE **PD** ☐ Delete
NAME **TALLARICO, ELIZABETH**
STREET ADDRESS **501 NE 19TH ST**
CITY-ST-ZIP **WILTON MANORS FL**

☐ Change ☐ Addition
TITLE **PD** ☐ Delete
NAME **TALLARICO, ELIZABETH**
STREET ADDRESS **501 NE 19TH ST**
CITY-ST-ZIP **WILTON MANORS FL**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

☐ Change ☐ Addition
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STREET ADDRESS ☐ Delete
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CITY-ST-ZIP ☐ Delete

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:

RAY ELLIOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/01

954 566 3322

CR2E037 (10/00)