

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767254 (6)

1. Corporation Name

TOWNHOMES OF MARLWOOD HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

7100 FAIRWAY DR. #29  
PALM BEACH GARDENS FL 33418

7100 FAIRWAY DR. #29  
PALM BEACH GARDENS FL 33418



3. Date Incorporated or Qualified  
03/02/1983

3a. Date of Last Report  
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2491906

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUEEN, SUSAN M.  
7100 FAIRWAY DR. #29  
PALM BEACH GARDENS FL 33418

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME STAUDINGER, LEONARD D  
STREET ADDRESS 7100 FAIRWAY DRIVE, 29  
CITY-ST-ZIP PALM BEACH GARDENS FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DST  
NAME KESELENKO, JOSEPH  
STREET ADDRESS 7100 FAIRWAY DRIVE, 29  
CITY-ST-ZIP PALM BEACH GARDENS FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE PD  
NAME CAMMARATA, BENJAMIN S  
STREET ADDRESS 7100 FAIRWAY DRIVE #29  
CITY-ST-ZIP PALM BCH GARDENS FL

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☒ Addition

TITLE V  
NAME ONUSKA, DIANE  
STREET ADDRESS 7100 FAIRWAY DR #29  
CITY-ST-ZIP PALM BCH GONS FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D  
NAME SCHEIFE, BELSON  
STREET ADDRESS 7100 FAIRWAY DRIVE #29  
CITY-ST-ZIP PALM BEACH GARDENS FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D  
NAME SCHEIFE, RICHARD  
STREET ADDRESS 7100 FAIRWAY DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS FL

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Keselenko 4-1-96

407-625-8588

Date

Daytime Phone #

CR2E037 (12/95)