


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767254 (6)
1. Corporation Name
TOWNHOMES OF MARLWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 7100 FAIRWAY DR. #29 PALM BEACH GARDENS FL 33418	Mailing Address 7100 FAIRWAY DR. #29 PALM BEACH GARDENS FL 33418-3782
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country		3. Date Incorporated or Qualified 03/02/1983	3a. Date of Last Report 04/24/1996
				4. FEI Number 59-2491906	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent QUEEN, SUSAN M. 7100 FAIRWAY DR. #29 PALM BEACH GARDENS FL 33418				10. Name and Address of New Registered Agent	
				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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAUDINGER, LEONARD D		1.2 NAME		
STREET ADDRESS	7100 FAIRWAY DRIVE, 29		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KESELENKO, JOSEPH		2.2 NAME		
STREET ADDRESS	7100 FAIRWAY DRIVE, 29		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL SADE		3.2 NAME		
STREET ADDRESS	7100 FAIRWAY DRIVE 29		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		3.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ONUSKA, DIANE		4.2 NAME		
STREET ADDRESS	7100 FAIRWAY DR #29		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GDNS FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIET BELSON		5.2 NAME		
STREET ADDRESS	7100 FAIRWAY DRIVE #29		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEIFE, RICHARD		6.2 NAME		
STREET ADDRESS	7100 FAIRWAY DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		6.4 CITY-ST-ZIP		

14. I do 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 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.

CR2E037 (9/96)