2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #767254

1. Entity Name
TOWNHOMES OF MARLWOOD HOMEOWNERS



FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90222 001 ****70.00

ASSOCIATION, INC.							
300 AVENUE OF CHAMPIONS 300 AVENU		Mailing Address 300 AVENUE OF CHAMPIC PALM BEACH GARDENS, F		746	oug :		
Principal Place of Business - No P.O. Box # 3. Mailing Address							
						p: (B.E.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182007 Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-2491906		od For pplicable	
Zip	Country	Žíp	Country	5. Certificate of Status Desir	ed \$8.75 Addition Fee Required	nai	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered							
QUEEN, S	HISAN M		Name	Name			
300 AVENUYE OF THE CHAMPIONS SUITE 120			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
PALM BEACH GARDENS, FL 33418							
			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. 1 am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and lattle if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
Signature, typed or printed name of registered agent and talle if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Trust Fund Contribu			\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIF	RECTORS			FICERS AND DIRECTORS IN 10		
TITLE	P PLUCK TOYOF	Delete		President	Change [Addition	
NAME STREET ADORESS	KARLICK, JOYCE 300 AVENUE OF CHAMPIONS		STREET ADDRESS (10.1)	et withers		ļ	
CITY-ST-ZIP			CITY-ST-ZIP	49 Edinburgh Drive Palm Beach Gardens FL 33418			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #