

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 767254

1. Entity Name
TOWNHOMES OF MARLWOOD HOMEOWNERS
ASSOCIATION, INC.



FILED

08 DEC 19 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~300 AVENUE OF CHAMPIONS~~
~~PALM BEACH GARDENS, FL 33418 US~~

Mailing Address
~~300 AVENUE OF CHAMPIONS~~
~~PALM BEACH GARDENS, FL 33418 US~~

United Community Mgt. Corp.

2. Principal Place of Business - No P.O. Box #

11784 W. Sample Rd

3. Mailing Address

11784 W. Sample Rd

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

#103

10182008

Chg-NP

CR2E037 (12/06)

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33065 USA

Zip

33065 USA

4. FEI Number

59-2491906

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUEEN, SUSAN M.
300 AVENUE OF THE CHAMPIONS
SUITE 120
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

United Community Mgt Corp.
11784 W. Sample Rd. #103
Coral Springs FL 33065

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bonnie Campbell U.P. Finance United Comm Mgmt.* 12/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *P* ☐ Delete
NAME *WITHERS, JANET*
STREET ADDRESS *300 AVENUE OF THE CHAMPIONS, # 120*
CITY-ST-ZIP *PALM BEACH GARDENS, FL 33418*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VP* ☐ Delete
NAME *PREMUROSO, CONNIE*
STREET ADDRESS *300 AVENUE OF THE CHAMPIONS, # 120*
CITY-ST-ZIP *PALM BEACH GARDENS, FL 33418*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *S* ☐ Delete
NAME *PJNILUCCI, LINDA*
STREET ADDRESS *300 AVENUE OF THE CHAMPIONS, # 120*
CITY-ST-ZIP *PALM BEACH GARDENS, FL 33418*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *T* ☐ Delete
NAME *LINDSTROM, LINDA*
STREET ADDRESS *300 AVENUE OF CHAMPIONS*
CITY-ST-ZIP *PALM BEACH GARDENS, FL 33418*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D* ☐ Delete
NAME *KEMP, MICHAEL*
STREET ADDRESS *300 AVENUE OF THE CHAMPIONS, # 120*
CITY-ST-ZIP *PALM BEACH GARDENS, FL 33418*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D* ☐ Delete
NAME *CONSTANCE, KERWICK*
STREET ADDRESS *300 AVENUE OF THE CHAMPIONS, # 120*
CITY-ST-ZIP *PALM BEACH GARDENS, FL 33418*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

Janet Withers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OC 12/19