2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767362

FILED Mar 24, 2009 Secretary of State

Entity Name: TOWNHOUSES BY THE SEA HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business: New Principal Place of Business: 206 WASHINGTONIA AVE LAUDERDALE BY THE SEA, FL 33308 US **Current Mailing Address: New Mailing Address:** 206 WASHINGTONIA AVE LAUDERDALE BY THE SEA, FL 33308 US FEI Number: 59-2369996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOLOCAS, GREGORY 206 WASHINGTONIA AVE LAUDERDALE BY THE SEA, FL 33308 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MELCHIORE, GLORIA BARTELUCE, DAN Name: Name: 210 WASHINGTONIA AVE. Address: 210 WASHINGTONIA AVE. Address: City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 Title: () Delete Title: () Change () Addition BARTELUCE, SARA Name: Name: Address: 208 WASHINGTONIA AVE. Address: City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 City-St-Zip: Title: SD () Delete Title: PD (X) Change () Addition ZIEBA, JOHN ZIEBA, JOHN Name: Name: Address: 212 WASHINGTONIA AVE. Address: 212 WASHINGTONIA AVE. City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 Title: () Delete Title: () Change () Addition Name: KOLOCAS, GREGORY Name: Address: 206 WASHINGTONIA AVE. Address: City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33308 City-St-Zip: Title: () Delete Title: () Change () Addition CORTEGUERA, ROSE Name: Name: 204 WASHINGTON AVE Address: Address: City-St-Zip: LAUDERDALE BY THE SEA, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ZIEBA PD 03/24/2009