2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# N01000002399

Entity Name: TOWNHOUSE COURT ESTATES NEIGHBORHOOD HOMEOWNERS ASSOC., INC.

Current Principal Place of Business:

C/O 1045 35TH ST.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

C/O 1045 35TH ST.
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKISSACK, THOMAS E
C/O 1045 35TH ST.
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: MCKISSACK, THOMAS E
Address: 1045 35TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPD ( ) Delete
Name: GIBSON, KATHRYN
Address: 1033 35TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S ( ) Delete
Name: JONES, CLARE
Address: 1114 35TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD ( ) Delete
Name: GIBSON, EUNICE
Address: 1046 35TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD ( ) Delete
Name: HALLOMAN, SOLOMON
Address: 3605 TOWNHOUSE COURT
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: EUNICE GIBSON TD 05/08/2007

Electronic Signature of Signing Officer or Director — Date