2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007763

FILED Mar 24, 2009 Secretary of State

Entity Name: DWV TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4507 W. ATLANTIC BLVD. 1714 COCONUT CREEK, FL 33066 **New Mailing Address: Current Mailing Address:** C/O BEACON PROPERTY MGMT 500 NE SPANISH RIVER BVLD #18 BOCA RATON, FL 33431 FEI Number: 01-0636441 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: MCKENZIE, JOHN L C/O BEACÓN PROPERTY MGMT 500 NE SPANISH RIVER BLVD #18 BOCA RATON, FL 33431 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 DEENER, CARL DEENER, CARL Name: Name: 4230 NE 5 AVENUE Address: 4230 NE 5 AVE Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431 Title: VSD Title: () Delete () Change () Addition WATSON, EDIE Name: Name: Address: 4220 NE 5 AVE Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, DOREEN Name: Name: 17619 BOCAIRE WAY Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: ISMAIL, TARIQ Name: ISMAIL, TARIQ 19 YEWTREE ROAD Address: Address: 19 YEWTREE RD City-St-Zip: EDGBASTON BIRMINGHAM, UK B1S 2LX City-St-Zip: EDGBASTON BIRMINGHAM, UK B15 2LX Title: () Delete Title: (X) Change () Addition INSON, LEU LEVINSON, MATTHEW Name: Name: 12378 ANTILLE DR 12378 ANTILLE DR Address: Address:

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.

City-St-Zip:

BOCA RATON, FL 33428

SIGNATURE: CARL DEENER PD 03/24/2009

BOCA RATON, FL 33428

City-St-Zip: