


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90018 028 ****61.25

DOCUMENT # N01000008205	
1. Entity Name DRIFTWOOD COVE TOWNSHOUSES, INC.	

Principal Place of Business 2641 NW 165 X NORTH MIAMI BEACH, FL 33160	Mailing Address 2641 NW 165 X NORTH MIAMI BEACH, FL 33160
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2. Principal Place of Business - No P.O. Box # 16501 NE 26 AVE	3. Mailing Address - SAME -
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NORTH MIAMI BEACH FL	City & State
Zip 33160	Country MIA-DADE

6. Name and Address of Current Registered Agent BRAND, DAVID 2641 NE 165 X NORTH MIAMI BEACH, FL 33160	
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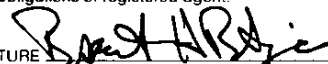


01202007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0057007	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name BRENT H. BRAUTIGAM	
Street Address (P.O. Box Number is Not Acceptable) 16501 NE 26 AVENUE	
City NORTH MIAMI BEACH	
City MIAMI-DADE	FL 33160

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 	BRENT H. BRAUTIGAM 1/20/07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAURENCE, BOB 16509 NE 26 AVE N MIAMI BCH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAND, DAVID 2641 NE 165 ST N MIAMI BCH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRENT H. BRAUTIGAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16501 NE 26 AVE NMB FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, RONALD 16505 NE 26 AVE N MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONET, ANA 16505 NW 26 AVE N MIAMI BCH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	BRENT A. BRAUTIGAM (TREAS) 1/20/07 305-947-3689