2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000003916

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Entity Name: TOWNHOMES AT SAVILLE ROW ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business	ss:
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GREENACRE PROPERTIES INC
4131 GUNN HWY
41799-B NORTH BELCHER RD
TAMPA, FL 336187
CLEARWATER, FL 33765

Current Mailing Address: New Mailing Address:

GREENACRE PROPERTIES INC P.O. BOX 14357
4131 6VNN HWY CLEARWATER I

4131 6VNN HWY CLEARWATER, FL 33766 TAMPA, FL 33618

FEI Number: 20-0060426 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:

FRANCIS, FRISCIA E
MEIROSE & FRISCIA, PA
5550 WEST EXECUTIVE DRIVE SUITE 250
TAMPA, FL 33609 US

AMERI-TECH REALTY INC
1799-B NORTH BELCHER RD
CLEARWATER, FL 33765 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: MICHAEL G PEREZ, PRESIDENT 08/12/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: () Change () Addition

 Name:
 GREENBERG, MARCY
 Name:

 Address:
 10318 SAVILLE ROWE
 Address:

 City-St-Zip:
 TAMPA, FL 33626
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 ORR, STAN
 Name:

 Address:
 11619 HIGHBURG WAY
 Address:

 City-St-Zip:
 TAMPA, FL 33626
 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 ARWOOD, GEORGE
 Name:

 Address:
 10335 SAVILLE ROWE
 Address:

 City-St-Zip:
 TAMPA, FL 33626
 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: MARCY GREENBERG PD 08/12/2008