

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011836

FILED
Mar 21, 2009
Secretary of State

Entity Name: TOWNHOMES OF ESSEX GREENS INC.

Current Principal Place of Business:

P. O. BOX 9615
CORAL SPRINGS, FL 33075

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 9615
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 36-4565725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, LAURA
8611 NW 35TH ST.
CORAL SPRING, FL 33065 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: PD () Delete
Name: RICHARDS, LAURA
Address: 8611 NW 36TH ST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD () Delete
Name: NELSON, CHRIS
Address: 6324 NW 79 WAY
City-St-Zip: PARKLAND, FL 33067

Title: SD () Delete
Name: MCCORMICK, CYNTHIA
Address: 8619 NW 35TH ST.
City-St-Zip: CORAL SPRINGS, FL 33065

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:

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: CHRIS NELSON

TD

03/21/2009

Electronic Signature of Signing Officer or Director

Date