

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N18507

1. Entity Name
TOWNHOMES ON THE PARK HOMEOWNERS
ASSOCIATION INC.



Principal Place of Business
3436 OAK DRIVE
HOLLYWOOD, FL 33021 US

Mailing Address
3436 OAK DRIVE
HOLLYWOOD, FL 33021 US



02042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2784612

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, ERIC
3446 OAK DRIVE
HOLLYWOOD, FL 33021

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IN THIS SPACE

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

[Signature]

2/17/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000648060
03/06/07-80096-025 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FELDMAN, ERIC
STREET ADDRESS 3446 OAK DRIVE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE TD
NAME URRUELA, TRACILYN
STREET ADDRESS 3436 OAK DR
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE VD
NAME SANTANAURO, VINCENT
STREET ADDRESS 3444 OAK DRIVE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE SD
NAME SIMIONE, JOHN
STREET ADDRESS 3438 OAK DRIVE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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:

[Signature] Tracilyn Urruela

2/17/07 305-654-5043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #