2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19670

FILED Apr 30, 2009 Secretary of State

Entity Name: TOWNHOMES OF GREENVIEW SHORES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O A & G MANAGEMENT SERVICES 11360 FORTUNE CIRCLE, # E-6A WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

C/O A & G MANAGEMENT SERVICES 111924 FOREST HILL #22, PMB 221 WELLINGTON, FL 33414

FEI Number: 65-0321652 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:

PALERMO, GEORGE
A & G MANAGEMENT
A & G M

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: GEORGE PALERMO 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 LYN-KEE-CHOW, ROBERT
 Name:

 Address:
 11924 FOREST HILL BLVD 22-221
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33414
 City-St-Zip:

Title: DVP () Delete Title: DVP (X) Change () Addition

Name: STEINWEDELL, FRAN Name: LOUVIER, DONALD

 Address:
 11924 FOREST HILL BLVD 22-221
 Address:
 11924 FOREST HILL BLVD 22-221

 City-St-Zip:
 WEST PALM BEACH, FL 33414
 City-St-Zip:
 WEST PALM BEACH, FL 33414

Title: DST () Delete Title: () Change () Addition

 Name:
 HERKENHOFF, ADRIENNE
 Name:

 Address:
 11924 FOREST HILL BLVD 22-221
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33414
 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: ROBERT LYN-KEE-CHOW DP 04/30/2009