2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36254

FILED Jan 08, 2009 Secretary of State

Entity Name: ELMARC TOWNHOUSE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Princin	New Principal Place of Business:		
	-						
4350 B LIL APT B							
PALM BEACH GARDENS, FL 33410 US							
Current Mailing Address:				New Mailing	New Mailing Address:		
DOLORES M PUMPHREY 4350 B LILAC ST PALM BEACH GARDENS, FL 33410 US							
FEI Number: 59-1471628 FEI Number Applied For () FEI				FEI Number Not Applica	able () Certificate of Status Desired ()		
Name and	Address of Co	urrent Regist	ered Agent:	Name and A	Address of New Registered Agent:		
		urrent Negra	ereu Agent.	Name and A	Address of New Negistered Agent.		
4350 B LIL	EY, DOLORES AC ST .CH GARDENS	s, FL 33410	US				
	named entity s of Florida.	ubmits this sta	atement for the p	urpose of changing its	registered office or registered agent, or both,		
SIGNATUF	RE:						
Electronic Signature of Registered Agent				nt	Date		
OFFICERS	S AND DIRECT	ORS:		ADDITIONS	CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:	DURAN, CAROL 4340 LILAC ST PALM BEACH G. T () PUMPHREY, DC 4350 B LILAC S' PALM BEACH G. S () PROCTOR, RUT 4370 D LILAC S' PALM BEACH G.	ARDENS, FL 33 Delete DLORES T ARDENS, FL 33 Delete H T ARDENS, FL 33 Delete T ARDENS, FL 33	410 US 410	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	() Change () Addition () Change () Addition () Change () Addition		
Title: Name: Address: City-St-Zip:	VP () VAN COYLA, CL 4360 C LILAC S' PALM BEACH G	TREET	410	Title: Name: Address: City-St-Zip:	() Change () Addition		

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: DOLORES PUMPHREY T 01/08/2009