

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90026 036 ****61.25

DOCUMENT # N41366 1. Entity Name PHASE SIX TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 7071 W COMMERCIAL BLVD SUITE 2B TAMARAC, FL 33319 US			Mailing Address 7071 W COMMERCIAL BLVD SUITE 2B TAMARAC, FL 33319 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0247323	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUNRAE PROPERTY MANAGEMENT 7071 W COMMERCIAL BLVD SUITE 2B TAMARAC, FL 33319			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 <u>Jeff Goldberg</u> DATE <u>5/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUNCHEAU, PAUL 12206 SW 50TH PL COOPER CITY, FL 33330	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANN, MARY T 5070 SW 122 TERRACE COOPER CITY, FL 33330	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT Bgs SHROVE, BEVERLY 5057 SW 123RD TERR COOPER CITY, FL 33330	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENCIVENGA, JOSEPH 12257 SW 50 PLACE COOPER CITY, FL 33330	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEROUNT, JEFFREY 12245 SW 50 PLACE COOPER CITY, FL 33330	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANN, MARY T, Vice President 5070 SW 122 Terrace Cooper City, FL 33330 (MTR)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Diana Rodriguez 5060 SW 123rd Terr Cooper City, FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Riusech 5051 SW 123rd Terr Cooper City, FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Secretary Lecount, Jeffrey 12245 SW 50th PLACE Cooper City, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Beverly J. Shrove</u> DATE <u>5/22/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					