## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SPENORE C. JENNING

## Feb 16, 2005 8:00 am **Secretary of State** DOCUMENT # N9700000555 1. Entity Name 02-16-2005 90050 019 \*\*\*\*61.25 TOWNHOUSE VILLAS OF WILTON MANORS, INC. Principal Place of Business Mailing Address 635 KENSINGTON PL WILTON MANORS FL 33305 631-649 KENSIGTON PL WILTON MANORS FL 33305 **500165**82 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 65-0738118 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KANNER, AMY Street Address (P.O. Box Number is Not Acceptable) 635 KENSINGTON PL WILTON MANORS FL 33305 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, 11. <del>so</del> President JENNINGS, SPENCER President TITLE ☐ Delete TITLE ☐ Change Addition Spencer Jennings NAME 639 KENSINGTON PL. STREET ADDRESS STREET ADDRESS 639 Kensington WILTON MANORS FL 33305 CITY+ST-7IP CITY-ST-7IP DT TITLE ☐ Delete TITLE Change Addition KANNER, AMY NAME NAME 635 KENSINGTON DR STREET ADDRESS STREET ADDRESS WILTON MANORS FL 33305 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE Roger Rundle JOHÑSON, JOHN NAME 639 KENSINGTON PL STREET ADDRESS STREET ADDRESS 643 Kensington Pl Wilton Manors, FL 33305 WILTON MANORS FL 33305 CITY-ST-7IP CITY-ST-7IP TITLE Detete TITLE Addition MARUN, DON NAME NAME Christina Espos 649 KENSINGTON PL STREET ADDRESS STREET ADDRESS Kensington FORT LAUDERDALE FL 33305 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE П Спапае ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED