

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N97000000555**

1. Entity Name

TOWNHOUSE VILLAS OF WILTON MANORS, INC.



Principal Place of Business

631-649 KENSINGTON PL  
WILTON MANORS, FL 33305 US

Mailing Address

635 KENSINGTON PL  
WILTON MANORS, FL 33305 US



03022008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0738118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KANNER, AMY  
635 KENSINGTON PL  
WILTON MANORS, FL 33305

**DO NOT WRITE  
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, 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, JOHN
STREET ADDRESS	639 KENSINGTON PL.
CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	DT
NAME	KANNER, AMY
STREET ADDRESS	635 KENSINGTON DR
CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	VD
NAME	RUNDLE, ROGER
STREET ADDRESS	643 KENSINGTON PL
CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	S
NAME	JENNINGS, SPENCER
STREET ADDRESS	639 KENSINGTON PL
CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000848741  
03/20/08-80030-003 61.25

**DO NOT WRITE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-08

954 574 4640