

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000555

FILED
Feb 03, 2009
Secretary of State

Entity Name: TOWNHOUSE VILLAS OF WILTON MANORS, INC.

Current Principal Place of Business:

631-649 KENSINGTON PL
WILTON MANORS, FL 33305 US

New Principal Place of Business:

631-649 KENSINGTON PL
WILTON MANORS, FL 33305 US

Current Mailing Address:

635 KENSINGTON PL
WILTON MANORS, FL 33305 US

New Mailing Address:

FEI Number: 65-0738118 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KANNER, AMY
635 KENSINGTON PL
WILTON MANORS, FL 33305 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, JOHN
Address: 639 KENSINGTON PL.
City-St-Zip: WILTON MANORS, FL 33305

Title: DT () Delete
Name: KANNER, AMY
Address: 635 KENSINGTON DR
City-St-Zip: WILTON MANORS, FL 33305

Title: VD () Delete
Name: RUNDLE, ROGER
Address: 643 KENSINGTON PL
City-St-Zip: WILTON MANORS, FL 33305

Title: S () Delete
Name: JENNINGS, SPENCER
Address: 639 KENSINGTON PL
City-St-Zip: WILTON MANORS, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MARLIN, DON
Address: 649 KENSINGTON PL
City-St-Zip: WILTON MANORS, FL 33305

Title: () Change () Addition
Name:
Address:
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: AMY KANNER

DT

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date