

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90412 009 \*\*\*\*61.25

<b>DOCUMENT # N98000000062</b>					
<b>1. Entity Name</b> TOWNHOMES OF VILLAS BY THE SEA CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5201 OCEAN BEACH BLVD COCOA BEACH, FL 32931			<b>Mailing Address</b> 1980 N ATLANTIC AVENUE 701 COCOA BEACH, FL 32931		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3571450	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DAVIS, PETEY 1480 N ATLANTIC AVE 201 COCOA BEACH, FL 32931			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	SD <input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELLE, KAREN		NAME	Delle, Karin	
STREET ADDRESS	5201 OCEAN BRACH BLVD, # 28		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGLETON, DAVE		NAME	Singleton, David	
STREET ADDRESS	5201 OCEAN BRYAN BLVD 1		STREET ADDRESS		
CITY-ST-ZIP	COCO BCH, FL 32431		CITY-ST-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIDKIFF, JOANNE		NAME		
STREET ADDRESS	5201 OCEAN BRACH BLVD, #14		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	STD Gibson, Carole <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARSTOW, HARVEY		NAME	5201 Ocean Beach Blvd #3	
STREET ADDRESS	5201 OCEAN BRACH BLVD, # 16		STREET ADDRESS	Cocoa Beach Fl. 32931	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CATERINA, JIM		NAME		
STREET ADDRESS	5201 OCEAN BRACH BLVD, #10		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	D. Novotny, Dan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NOUOTNY, DAN		NAME	5201 Ocean Beach Blvd #12	
STREET ADDRESS	5201 OCEAN BRACH BLVD, #12		STREET ADDRESS	Cocoa Beach Fl. 32931	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Karin M. Delle</u> <u>Karin M Delle</u> <u>4/19/06</u> <u>(321) 784-2091</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					