

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098436

Entity Name: TOWN CENTER O-L I, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

780 FISHERMAN STREET  
3RD FLOOR  
OPA-LOCKA, FL 33054 US

## Current Mailing Address:

780 FISHERMAN STREET  
3RD FLOOR  
OPA-LOCKA, FL 33054 US

## New Principal Place of Business:

780 FISHERMAN STREET  
# 334  
OPA-LOCKA, FL 33054 US

## New Mailing Address:

780 FISHERMAN STREET  
# 334  
OPA-LOCKA, FL 33054 US

FEI Number: 65-1095534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOWN CENTER MANAGEMENT  
780 FISHERMAN ST  
OPA LOCKA, FL 33054 US

## Name and Address of New Registered Agent:

TOWN CENTER MANAGEMENT  
780 FISHERMAN ST  
# 334  
OPA LOCKA, FL 33054 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: STACKHOUSE, DENNIS C  
Address: 780 FISHERMAN STREET, 3RD FLOOR  
City-St-Zip: OPA-LOCKA, FL 33054 US

Title: VP ( ) Delete  
Name: STACKHOUSE, LYNDIA  
Address: 780 FISHERMAN STREET, 3RD FLOOR  
City-St-Zip: OPA-LOCKA, FL 33054

Title: DS (X) Delete  
Name: DURHAM, FREDRIC  
Address: 780 FISHERMAN STREET, 3 RD FLOOR  
City-St-Zip: OPA-LOCKA, FL 33054 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: STACKHOUSE, DENNIS C  
Address: 780 FISHERMAN STREET #334  
City-St-Zip: OPA-LOCKA, FL 33054 US

Title: VP (X) Change ( ) Addition  
Name: STACKHOUSE, LYNDIA  
Address: 780 FISHERMAN STREET, #334  
City-St-Zip: OPA-LOCKA, FL 33054

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS STACKHOUSE

DPT

04/30/2009

Electronic Signature of Signing Officer or Director

Date