## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000045436

3225 NE 13TH ST #201

POMPANO BEACH, FL 33062

Address:

City-St-Zip:

FILED Oct 26, 2004 Secretary of State

Entity Name: TOR-PALMS TOWNHOUSE ASSOCIATION, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
	5 NE 13TH STE O BEACH, FL				
Current Mailing Address:			New Mailing Address:		
	3TH STREET O BEACH, FL				
FEI Number	: 65-1104135	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LEGEL, LARRY 5100 N FEDERAL HWT STE 409 FT LAUDERDALE, FL 33308 US			470	800 CYPRESS CREEK RD.	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: LARRY LEGEL				10/26/2004	
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GOLDMAN, SH 3225 NE 13TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCDONALD, F 3217 NE 13TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PACTA, STEPH 3225 NE 13TH		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	T ( MANVILLE, WI	) Delete LLIAM H	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM H. MANVILLE 10/26/2004 Τ