2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90016 028 ***150.00

DOCUMENT # P01000045436

1. Entity Name
TOR-PALMS TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3217-3225 NE 13TH STREET POMPANO BEACH FL 33062	3225 NE 13TH STREET ~~# 201~~ POMPANO BEACH FL 33062

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	3225 N.E. 13 ST. #204
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 204
City & State	~~City & State~~ Pompano Bch
Zip / Country	Zip / Country FL

4. FEI Number 65-1104135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEGEL, LARRY 800 CYPRESS CREEK RD. 470 FT LAUDERDALE FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOLDMAN, SHELLEY 3225 NE 13TH ST, #202 POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCDONALD, FRANCIS 3217 NE 13TH ST , #102 POMPANO BEACH FL 33062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VP Jozwiak, Jessie 3217 N.E. 13 ST. #101 Pompano Beach, FL 33062
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PACIA, STEPHANIE 3225 NE 13TH ST #204 POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition S Pacia, Stephanie 3225 N.E. 13 ST. #204 Pompano Beach, FL 33062
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MANVILLE, WILLIAM H 3225 NE 13TH ST #201 POMPANO BEACH FL 33062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition T Liutermoza, Patricia 3225 N.E. 13 ST #205 Pompano Bch, FL 33062
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Shelley Goldman P 4-20-07 954-943-9831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Shelley Goldman