

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084413

FILED  
Jul 20, 2004  
Secretary of State

Entity Name: CLASSIC TOWNHOMES, INC.

## Current Principal Place of Business:

200 HOLIDAY DRIVE  
HALLANDALE, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

200 HOLIDAY DRIVE  
HALLANDALE, FL 33009

## New Mailing Address:

FEI Number: 52-2374154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSMAN, MICHAEL  
1474-A WEST 84 STREET  
HIALEAH, FL 33014 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: IPPOLITO, FRANK  
Address: 200 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete  
Name: IPPOLITO, TROY  
Address: 313 S.E. 6 STREET  
City-St-Zip: DANIA, FL 33004

Title: VPSD ( ) Delete  
Name: IPPOLITO, NICOLE  
Address: 700 LAYNE BOULEVARD, UNIT 318  
City-St-Zip: HALLANDALE, FL 33009

Title: TD ( ) Delete  
Name: IPPOLITO, GLORIA  
Address: 200 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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.

SIGNATURE: TROY D. IPPOLITO

VD

07/20/2004

Electronic Signature of Signing Officer or Director

Date